

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29 1996 8:00 am
Secretary of State

DOCUMENT # P93000060914 (7)

1. Corporation Name

ANCHORS AWAY CRUISES & TOURS, INC.

Principal Place of Business

5353 W ATLANTIC AVE
SUITE 401
DELRAY BEACH FL 33484
US

Mailing Address

5353 W ATLANTIC AVE
SUITE 401
DELRAY BEACH FL 33484
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

SAZANT, LUCY
5353 W ATLANTIC AVE
DELRAY BEACH FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person filing this report and the registered agent

Signature of the person filing this report and the registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP
[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP
[] Change [] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/97

407-496-6880

CR2E034 (12/95)