FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000081289 (9)**

1. Corporation Name
CRUISES UNLIMITED, INC.

Principal Place of Business	Mailing Address
8466 N. LOCKWOOD RIDGE RD. SUITE 248 SARASOTA FL 34243	8466 N. LOCKWOOD RIDGE RD. SUITE 248 SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/24/1993
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21 1800 SECOND ST. #808-8
Suite, Apt. #, etc.
22 808-8
City & State
23 SARASOTA, FL
Zip 24 34236 Country 25 USA

2a. Mailing Address
26 1800 SECOND ST #808-8
Suite, Apt. #, etc.
27 808-8
City & State
28 SARASOTA, FL
Zip 29 34236 Country 30 USA

4. FEI Number: 65-0450440 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SAFRAN, LISA E
8466 LOCKWOOD RIDGE RD.
SUITE 248
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1800 SECOND ST
83 SUITE 808-8
84 City: SARASOTA FL 85 Zip Code: 34236

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: Lisa E. Safran LISA E. SAFRAN President 4-20-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	1.1 TITLE		☒ Change ☐ Addition
NAME	SAFRAN, LISA E	1.2 NAME		
STREET ADDRESS	8466 N. LOCKWOOD RIDGE RD, STE. 248	1.3 STREET ADDRESS	1800 SECOND ST. #808-8	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	DV	2.1 TITLE		☒ Change ☐ Addition
NAME	STUDT, LARRY D	2.2 NAME		
STREET ADDRESS	8466 N. LOCKWOOD RIDGE RD, STE. 248	2.3 STREET ADDRESS	1800 SECOND ST #808-8	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(k), 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: Lisa E. Safran LISA E. SAFRAN President 4/20/95 813 365-1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0340766 CP