FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000081289 (9)

CRUISES UNLIMITED, INC.

Principal Place of Business		Mailing Address			
1800 SECOND ST. SUITE 808		1800 SECOND ST SUITE 808,6			
SARASOTĂ FL 34236 US		SARASOTA FL 34236-594	3		T
00		00		3. Date Incorporated or Qualified 11/24/1993	3s. Date of Last Report 04/16/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	41 _aa_	26		65-0450440	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, LYes □ No
	9. Name and Address of Currer		1001	10. Name and Address of New Reg	
SAFI	RAN, LISA E		81 Name	· · · · · · · · · · · · · · · · · · ·	
1800	SECOND ST		62 Street Add	ress (P.O. Box Number is Not Acceptable	n)
SUITE 808,8"					~,
SAR	ASOTA FL 34236		83		
			84 City	**************************************	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.05:02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered					
11. Pursuant to the provisions of Sections 607.05.02 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					
Signature, typed or printed name of registered agent and title if approache (NOTL: Registered Agent signature required when 12. OF LICERS AND DIRECTORS 13.				ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	DPST	DEFICIONS	1,1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	SAFRAN, LISA E	-	1.2 NAME		
STREET ADDRESS	1800 SECOND ST. #808.8		1.3 STHEET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		14 CITY-ST-7IP		
TITLE	DV	DELETE	21 THLE		☐ Change ☐ Addition
NAME	STUDT, LARRY D		2.2 NAME		
STREET ADDRESS	1800 SECOND ST #808,8		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2. 4 CI1Y - SI - 7(P	***	
ALLE.		DECETE	3.1 TITLE		L Change L Addition
NAME STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY+ST-ZIP		
TITLE		DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		 .	4. 2 NAME		J
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
City-St-ZIP			5.4 CITY- \$1 - ZIP		
TITLE		L DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME -			6.2 NAM(
STREET ADDRESS			6.3 STREET ADDRESS		
14. I do hereb	by certify that the information supplier	with this filing does not quali	fv for the exemption stated	in Section 119.07(3)(i) Florida Statutes	Hurther certify that the
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 path; 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.					