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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000081289 (9)

CRUISES UNLIMITED, INC.

FILED
May 15 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address					-\	80 (\$1 06107 1/618 1/60) 40/10 (01) (03)
1900 SECOND ST.		1800 SECOND ST	1800 SECOND ST			
	STE. 808 SARASOTA FL 34236 SARASOTA FL 34236 SARASOTA FL 34236				DO NOT WRITE IN TUIC COACE	
		SARASOTA FL 34236 US	1501A FL 34236		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
					11/24/1993	
2. Princi	pal Place of Business	2a. Mailing Address	····	7,	4. FEI Number	Applied For
21		26			65-0450440	Not Applicable
	Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22 City &	State	City & State				Fee Required
23	Glate	28			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country			710000 10 1 008
24	25	h-n h-n h-n			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9, Name and Address of Cur	rent Registered Agent			10. Name and Address of New Regi	
SAFRAN, LISA E				Name		
1800 SECOND ST				Street Addre	ess (P.O. Box Number is Not Acceptable)
SUITE 6 08-8						,
SARASOTA FL 34236			83			
			84	City		FL 85 Zip Code
11. Pursuant to the gravisions of Sections 607 0502 and 607 1508 Florida Statutes, the physician expection expection expection expection expection of physician in resistance of changing the resistance of changi						
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 697.0505, Florida Statutes.						
SIGNATURE LIGHT E. Safran Mesider						15-98
Signature, typed of printed mann of registere (lagent and title if applicable (NOTE: F				signature require	d when reinstating)	DATE
12.	DPST	DELETE	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition
NAME	SAFRAN, LISA E	□ ottri	1.2 NAME			Change Li Adoltion
STREET ADDI	JANA ARAALIN AT ATT A	08	1.3 STREET A	DORESS		
CITY-ST-ZIF	AADAAATA EI		1.4 CITY-ST-			
TITLE	ĎΫ	DELETE	2.1 TOTLE			☐ Change ☐ Addition
NAME	STUDT, LARRY D	•	2.2 NAME			
STREET ADDR	, , , , , , , , , , , , , , , , , , , ,	08	2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		2 4 City-St	-ZIP		
TITLE		☐ DELETE				Change Addition
NAME			3.2 NAME			
	EEY ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP	ZP DELETE		3.4. CITY-ST- 4.1 TITLE	- ZIP		Change
NAME			4.1 HILE 4.2 NAME			Change Addition
STREET ADDR	ESS		4. 2 NAME 4.3 STREET AL	DDRESS		
CITY-ST-ZIP	<u>.</u>		4.4 CITY-ST-			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			. —
STREET ADDR	ESS		5.3 STREET AL	DDRESS		
CITY-ST-ZIP			54 CHY-ST-	ZIP		
TITLE		☐ DELETE	61 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDR			6.3 STREET AD	XORESS		
CITY-ST-ZIP		with this filing does not awalf it.	6.4 CITY-ST-		ontion 110 07/0/6\ Figure 1- 0:	41 416 .41
14. I 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 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.						