

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

**FILED**  
**Apr 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000005667 (8)**  
 1. Corporation Name  
**A ABSOLUTE CRUISE & TRAVEL, INC.**



Principal Place of Business 34872 US HWY 19 N PALM HARBOR FL 34684 US	Mailing Address 34872 US HWY 19 N PALM HARBOR FL 34684 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2566C McMullen Booth Road N. Clearwater Florida 33761-4153 Tel (813) 799-4730	2a Mailing Address 2566C McMullen Booth Road N. Clearwater Florida 33761-4153 Tel (813) 799-4730
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3. Date Incorporated or Qualified <b>01/14/1994</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-3220994</b>	Applied For <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
<input type="checkbox"/> Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

23 Zip	Country	29 Zip	Country
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9. Name and Address of Current Registered Agent  
**ASP, ANDERS**  
**C/O L.R. LITTLE ASSOCIATES**  
**549 MAIN ST**  
**DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ASP, ANDERS</b>	
STREET ADDRESS	<b>38 OSPREY ST</b>	
CITY-ST-ZIP	<b>SAFETY HARBOR FL 34695</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LARSSON, SIEVERT</b>	
STREET ADDRESS	<b>1589 SE 9TH ST</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33441</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ANDERSON, GEORGE</b>	
STREET ADDRESS	<b>3021 COUNTRYSIDE BLVD #44A</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34621</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Connie Correa</b>
3.3 STREET ADDRESS	<b>3102 Coventry East</b>
3.4 CITY-ST-ZIP	<b>Safety Harbor FL 34695</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: **Anders Asp** ANDERS ASP 3/10/98 (813) 799-4730

CR2E094 (10/97)