

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martin
Secretary of State
TALLAHASSEE, FLORIDA 32301

APPROVED
AND
FILED

SC MAY -1 AM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047509 (2)

1. Corporation Name:

FLORIDA CASINO CRUISES, INC.

Principal Office or Business:

520 BRICKELL KEY DRIVE, #1606
MIAMI FL 33131

Mailing Address:

520 BRICKELL KEY DRIVE, #1606
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Office or Business:

21 Suite APT # 1606

2a. Mailing Address:

26 Suite APT # 1606

22 City & State:

23 City & State:

27 City & State:

28 City & State:

29. Name and Address of Current Registered Agent:

KOLK, GLENN G
520 BRICKELL KEY DRIVE, #1606
MIAMI FL 33131

30. Name:

3. Date of Incorporation / Filing:

06/21/1994

3a. Date of Last Report:

4. EIN Number:

65-0502848

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

7. The corporation has liability for stamp duty tax under Florida Statutes:

Yes No

10. Name and Address of New Registered Agent:

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 600.0507 and 600.17400, Florida Statutes, the above named corporation submits the 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 of an registered agent. I am familiar with and accept the obligations of the Florida Business Corporation Act.

SIGNATURE

12. Corporation Agent or Officer or Registered Agent or Both:

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS:

12.	13.	ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS:
PD NAME: CHARLES B. 520 BRICKELL KEY DRIVE, #1606 MIAMI FL 33131	1. NAME: CHARLES B. 520 BRICKELL KEY DRIVE, #1606 MIAMI FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD NAME: CHARLES B. 520 BRICKELL KEY DRIVE, #1606 MIAMI FL 33131	2. NAME: CHARLES B. 520 BRICKELL KEY DRIVE, #1606 MIAMI FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STD NAME: CHARLES B. 520 BRICKELL KEY DRIVE, #1606 MIAMI FL 33131	3. NAME: CHARLES B. 520 BRICKELL KEY DRIVE, #1606 MIAMI FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AVAS NAME: GLENN G. 520 BRICKELL KEY DRIVE, #1606 MIAMI FL 33131	4. NAME: GLENN G. 520 BRICKELL KEY DRIVE, #1606 MIAMI FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	5. NAME: GLENN G. 520 BRICKELL KEY DRIVE, #1606 MIAMI FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	6. NAME: GLENN G. 520 BRICKELL KEY DRIVE, #1606 MIAMI FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	9. NAME: GLENN G. 520 BRICKELL KEY DRIVE, #1606 MIAMI FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	10. NAME: GLENN G. 520 BRICKELL KEY DRIVE, #1606 MIAMI FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	11. NAME: GLENN G. 520 BRICKELL KEY DRIVE, #1606 MIAMI FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	12. NAME: GLENN G. 520 BRICKELL KEY DRIVE, #1606 MIAMI FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(a), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and force under oath that I am an officer or director of the corporation or trustee empowered to execute the report as required by Chapter 600, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLENN G. KOLK

April 27, 1995 305 314-5210

State of Florida

0130077 CP