

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000048026 (6)

1. Corporation Name

GREAT ESCAPES CRUISES, INC.



Principal Place of Business

1941 NW 96TH TERRACE APT. J
PEMBROKE PINES FL 33024

Mailing Address

1941 NW 96TH TERRACE APT. J
PEMBROKE PINES FL 33024

2. Principal Place of Business

21 2454 Gulfstream Lane

Suite, Apt. #, etc.

22 City & State

23 Ft. Lauderdale, FL

Zip

24 33312

Country

25 Broward

2a. Mailing Address

26 757 SE 17th Street

Suite, Apt. #, etc.

27 Suite 500

City & State

28 Ft. Lauderdale, FL

Zip

29 33316

Country

30 Broward

3. Date Incorporated or Qualified

06/23/1994

3a. Date of Last Report

04/25/1995

4. FEI Number

65-0505037

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

WOSS, VIRGINIA
1941 NW 98 TERRACE #J
THE POINTE
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name Virginia Woss

82 Street Address (P.O. Box Number is Not Acceptable)

2454 Gulfstream Lane

83

84 City Ft. Lauderdale

FL

85 Zip Code

33312

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

Virginia Woss

Signature typed or printed name of registered agent and the corporation

(If Not Filing, Registered Agent Signature Required when Changing)

4-27-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PO
NAME WOSS, VIRGINIA S
STREET ADDRESS 1941 NW 96B TERRACE # J
CITY-ST-ZIP PEMBROKE PINES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS 2454 Gulfstream Lane
4. CITY-ST-ZIP Ft. Lauderdale, FL 33312

☐ Change ☐ Addition

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY-ST-ZIP

☐ Change ☐ Addition

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY-ST-ZIP

☐ Change ☐ Addition

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY-ST-ZIP

☐ Change ☐ Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

☐ Change ☐ Addition

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY-ST-ZIP

☐ Change ☐ Addition

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:

Virginia Woss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96

DATE

954-584-4344

DATE/TIME PHONE #

CR2E034 (12/95)