SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Oct 05 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P

Principal Place of Business

P94000053860 (0)

Mailing Address

CLUB "G" CRUISES, INC.

4606 BAYCREST DRIVE TAMPA FL 33615		P.O. BOX 1442 TORRANCE CA 90505				DO NOT WRITE IN THIS	S SPACE
	lace of Business	2a. Mailing Address				3. Date Incorporated or Qualified 07/19/1994 4. FEI Number	Applied for
21		26				59-3257540	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
City & Stat	e -	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ 24	Country 25	71p	30 Cou	intry		8. This corporation owes or has paid the cu Personal Property Tax due June 30.	Yes [No
GEN	 Name and Address of Current ERAZZO, JAMES R 	Registered Agent	•	81	Name	10. Name and Address of New Registered	Agent
4606	B BAYCREST DRIVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
TAM	PA FL 33615			83			
				84	Asia.		Total 70 Code
				64	City	FL	85 Zip Code
office or	the the provisions of sections 607,0502 registered agent, or both, in the States am fa m iliar with, and accept the obliga	of Florida, Such change was:	authorized	d by	the corporatio	ation submits this statement for the purpose of cl m's board of directors. I hereby accept the appo	hanging its registered intment as registered
MORMORE	Styrators, type For print of name of registe ast size of		4.1	red Ag	gent signature requi	red whos reinstating) DAN	
12.	OFFICERS AND PST	OFFICERS AND DIRECTORS		13. 1.1 THUE 1.2 NAME		ADDITIONS/CHANGES TO OFFICERS A	
NAME	PST DEFER GENERAZZO, JAMES		F.			☐ Change	Change Addition
STREET ADDRESS	4606 BAYCREST DRIVE		I 13 STREET ADDRESS		Andress		Ì
CHY-ST-ZIP	TAMPA FL 33615		1.4 C/I		1		
TITLE		[DELETE	2.1 111	LE.			Change Addition
NAME			22 NA	ME		- apuou2658678°	
STREET ADDRESS			2.3 S1	RÉ LT.	ADDRESS	grade to the form of the second of	UQ4
City-S1-7/P	 -		2401		ZIP	***165.[E]	
TITLE		lonen	317II 3		1		Change _ Addition
NAME			3.2 NA				İ
STREE LADDRESS			P		ADDRESS		}
CITY-\$1-7#P	<u> </u>	Поети	3.4 CH 4.1 TH		ZIP		Change Addition
NAME		I IDELLII	4.2 6.4		ļ		Change L Addition
STREET ADDRESS			É		ADDRESS		i
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NAME		Livering	52NA	Mí			
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CHYS1-7IP			5401	Y-S7-	ZIP		
1016	-	[Torren	6.1 117	ŧF.	1		Change [Addition
NAME		•	6.2 1/1	ME		. /	
STREET ADDRESS	!		€.3 \$11	KE E T	ADDRESS	. Aw	10/5/00

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 Statules. 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 trusted emprovered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 13 or Block 14 or Block