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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000078281

1. Corporation Name

FILED
Apr 22, 1999 8:00 am
Secretary of State
•
04-22-1999 90209 029 ***150 00

SEA-FUN	i Cruises, Inc.	٠											
Principal Place	of Business	Maili	ing Address				{)	IONE ROLL ORI				1681 1881
301 W SR 434	5 G. 245555		W SR 434										
SUITE 325 SUITE 325													
WINTER SPRINGS FL 32708			WINTER SPRINGS FL 32708					DO NOT WE		IS SP	AUE		
US US								orated or Qualife	đ				
							10/19/19				$\overline{}$	Applie	1
	ace of Business	⊢	Mailing Address				4. FEI Numbe				}+	Applied	
21		26	0.11. 1 4 4				59-32748	<u> </u>				5 Addit	plicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate o	f Status Desired		•		Requir	
22 -	<u> </u>	_ 27	City & State			-	6 Floation Co	mpaign Financing				0 May	
City & State	e	28	Ony a State				1	Contribution	' _□			ed to Fe	
Zip	Country		Zip	Coun	try			ation owes the cu	rrent vear	ntano			
24	25	29		30	•		1	roperty Tax.	, , , , , , , , , , , , , , , , , , , ,		Yes	Œ	No .
	9. Name and Address of Curr			<u> </u>			10. Name and	Address of New	Registere	d Age	ent		
					81 N	lame							ì
GOL	UBOCK, MARK D				02 6	troot Addro	se (D.O. Box Nur	nber is Not Accep	table)				
235	s. Maitland ave.		54 M	1			55 (F.O. BOX NO.	SW BERN	CO	1E			
SUIT	E 108		ALANT	NEW	83		7						
MAIT	LAND FL 32751		ADDRE	เนเ 🞢						—-Y-	e	in Code	
)				1	84 C	City Ol	11800		F	L ľ	85 Z	ip Code	65
		COO 1 CO	4 4 500 Fla 1 - Diah da	- 44			ration automite thi	e statement for th	A DUITDOER	of cha	naina	its reni	stered
office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli					amed corpor corporation	ration submits thin's board of direc	s statement for th tors. I hereby acc	eproie ap	of cha pointm	anging ent as	its registe	stered
	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a	ite of Florida igations of, S agent and title if a	a. Such change was au Section 607.0505, Flor	ida Statu Registered	by the tes.	corporation	when reinstating)	tors. Thereby acc	DATE		ent as		istered ered
office or r agent. I a SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS	ite of Florida igations of, S agent and title if a	a. Such change was au Section 607.0505, Flor epplicable. (NOTE:	ida Statur Registered /	tes.	corporation	when reinstating)	is statement for the tors. I hereby acc	DATE	AND I	DIREC	TORS	istered ered
office or r agent. I a SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS	ite of Florida igations of, S agent and title if a	a. Such change was au Section 607.0505, Flor	Registered A	tes. Agent sig	corporation	when reinstating)	tors. Thereby acc	DATE	AND I	ent as	TORS	istered ered
office or r agent. I a SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS / D GOLUBOCK, MARK D	ite of Florida igations of, S agent and title if a	a. Such change was au Section 607.0505, Flor epplicable. (NOTE:	Registered A 13. 1.1 TITE 1.2 NAM	Agent sig	nature required	when reinstating)	tors. Thereby acc	DATE	AND I	DIREC	TORS	istered ered
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS / D GOLUBOCK, MARK D 3049 NEW BERN COVE	ite of Florida igations of, S agent and title if a	a. Such change was au Section 607.0505, Flor epplicable. (NOTE:	Registered A 13. 1.1 TITL 1.2 NAA	Agent sig	nature required v	when reinstating)	tors. Thereby acc	DATE	AND I	DIREC	TORS	istered ered
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS / D GOLUBOCK, MARK D 3049 NEW BERN COVE OVIEDO FL 32765	ite of Florida igations of, S agent and title if a	a. Such change was au Section 607.0505, Flor epplicable. (NOTE: TORS	Registered A 13. 1.1 TITL 1.2 NAA 1.3 STE	Agent sig	nature required v	when reinstating)	tors. Thereby acc	DATE	AND I	DIREC	TORS	stered ered
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the Stam familiar with, and accept the oblication of the stam	ite of Florida igations of, S agent and title if a	a. Such change was au Section 607.0505, Flor epplicable. (NOTE:	Registered A 13. 1.1 TITL 1.2 NAI 1.3 STE 1.4 CITTL 2.1 TITL	Agent sig	nature required v	when reinstating)	tors. Thereby acc	DATE	AND I	DIREC	TORS	istered ered
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the oblication of the stam of registered a OFFICERS A GOLUBOCK, MARK D 3049 NEW BERN COVE OVIEDO FL 32765 D GOLUBOCK, JANET D	ite of Florida igations of, S agent and title if a	a. Such change was au Section 607.0505, Flor epplicable. (NOTE: TORS	Registered A 13. 1.1 TW 1.2 NAM 1.3 STF 1.4 CIT 2.1 TIM 2.2 NAM	Agent sig	nature required to	when reinstating)	tors. Thereby acc	DATE	AND I	DIREC	TORS	stered ered
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Stam familiar with, and accept the oblication of the stam familiar with, and accept the oblication of the stamper of the st	ite of Florida igations of, S agent and title if a	a. Such change was au Section 607.0505, Flor epplicable. (NOTE: TORS	Registered A 13. 1.1 TM 1.2 NAM 1.3 STR 1.4 CM 2.1 TM 2.2 NAW 2.3 STR	Agent sig	DRESS	when reinstating)	tors. Thereby acc	DATE	AND I	DIREC	TORS	stered ered
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stam familiar with, and accept the oblication of the stam of registered a OFFICERS A GOLUBOCK, MARK D 3049 NEW BERN COVE OVIEDO FL 32765 D GOLUBOCK, JANET D	ite of Florida igations of, S agent and title if a	a. Such change was au Section 607.0505, Flor epplicable. (NOTE: TORS DELETE	Registered A 13. 1.1 Tm 1.2 NAM 1.3 STF 1.4 CfT 2.1 Tim 2.2 NAW 2.3 STF 2. 4 CfT	Agent sig E WE REET ADO Y-ST-Zil E WE REET ADO Y-ST-ZIL Y-ST-ZIL	DRESS	when reinstating)	tors. Thereby acc	DATE	AND I	DIREC Chang	TORS	stered ered
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Stam familiar with, and accept the oblication of the stam familiar with, and accept the oblication of the stamper of the st	ite of Florida igations of, S agent and title if a	a. Such change was au Section 607.0505, Flor epplicable. (NOTE: TORS	Registered /	Agent sig	DRESS	when reinstating)	tors. Thereby acc	DATE	AND I	DIREC	TORS	istered ared liN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the Stam familiar with, and accept the oblication of the stam familiar with, and accept the oblication of the stamper of the st	ite of Florida igations of, S agent and title if a	a. Such change was au Section 607.0505, Flor epplicable. (NOTE: TORS DELETE	Registered /	Agent sign	DRESS	when reinstating)	tors. Thereby acc	DATE	AND I	DIREC Chang	TORS	istered ared liN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Stam familiar with, and accept the oblication of the stam familiar with, and accept the oblication of the stamper of the st	ite of Florida igations of, S agent and title if a	a. Such change was au Section 607.0505, Flor epplicable. (NOTE: TORS DELETE	Registered /	Agent sig	DRESS DRESS DRESS	when reinstating)	tors. Thereby acc	DATE	AND I	DIREC Chang	TORS	istered ared liN 12 Addition Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stam familiar with, and accept the oblication of the stam familiar with, and accept the oblication of the stamper of the st	ite of Florida igations of, S agent and title if a	a. Such change was au Section 607.0505, Flor eppicable. (NOTE: TORS DELETE	13. 1.1 TM 1.2 NAM 1.3 STF 2.1 TM 2.2 NAM 2.3 STF 2.4 CM 3.3 STF 3.4 CM	by the tes. Agent sig E.E. KEET ADI TY-ST-ZI TY-ST-ZI ME TY-ST-ZI ME TY-ST-ZI ME TY-ST-ZI ME TY-ST-ZI ME TY-ST-ZI ME	DRESS DRESS DRESS	when reinstating)	tors. Thereby acc	DATE	AND I	DIREC Chang	TORS ge [istered ared liN 12 Addition Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	egistered agent, or both, in the Stam familiar with, and accept the oblication of the stam familiar with, and accept the oblication of the stamper of the st	ite of Florida igations of, S agent and title if a	a. Such change was au Section 607.0505, Flor epplicable. (NOTE: TORS DELETE	Registered /	Dy the tes. Agent sig Agent sig	DRESS DRESS DRESS	when reinstating)	tors. Thereby acc	DATE	AND I	DIREC Chang	TORS ge [istered ared IN 12 Addition Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the oblication of the state of t	ite of Florida igations of, S agent and title if a	a. Such change was au Section 607.0505, Flor eppicable. (NOTE: TORS DELETE	Registered /	Dy the test. Agent sig E.E. ME REET ADD TY-ST-ZI E.E. ME REET ADD TY-ST-ZI LE ME REET ADD TY-ST-ZI LE ME REET ADD TY-ST-ZI LE ME	DRESS IP DRESS IP	when reinstating)	tors. Thereby acc	DATE	AND I	DIREC Chang	TORS ge [istered ared IN 12 Addition Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Stam familiar with, and accept the oblication of the stam familiar with, and accept the oblication of the stamper of the st	ite of Florida igations of, S agent and title if a	a. Such change was au Section 607.0505, Flor eppicable. (NOTE: TORS DELETE	Registered A 13. 1.1 Tm 1.2 NAA 1.3 STF 2.4 CM 3.1 Tm 3.2 NAA 3.3 STF 3.4 CM 4.1 TM 4.2 NAA 4.3 STF 4.3 STF 4.3 STF 4.3 STF 4.3 STF 4.3 STF 4.4 STF 4.4 STF 4.5 STF	Dy the test. Appent signer.	DRESS IP DRESS IP ORESS	when reinstating)	tors. Thereby acc	DATE	AND I	DIREC Chang	TORS ge [istered ared IN 12 Addition Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	egistered agent, or both, in the Stam familiar with, and accept the oblication of the state of t	ite of Florida igations of, S agent and title if a	DELETE	Registered A 13. 1.1 TM 1.2 NAA 1.3 STF 2.4 CM 3.3 STF 3.4 CM 4.2 NAA 4.3 STF 4.4 CM 4.	LE L	DRESS IP DRESS IP ORESS	when reinstating)	tors. Thereby acc	DATE	AND I	DIREC Chang	TORS [istered ared IN 12 Addition Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Stam familiar with, and accept the oblication of the state of t	ite of Florida igations of, S agent and title if a	a. Such change was au Section 607.0505, Flor eppicable. (NOTE: TORS DELETE	Registered /	LE L	DRESS IP DRESS IP ORESS	when reinstating)	tors. Thereby acc	DATE	AND I	DIREC Chang	TORS [IN 12 Addition Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the oblication of the state of t	ite of Florida igations of, S agent and title if a	DELETE	Registered /	LE L	DRESS IP DRESS IP ORESS P	when reinstating)	tors. Thereby acc	DATE	AND I	DIREC Chang	TORS [IN 12 Addition Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Stam familiar with, and accept the oblication of the state of t	ite of Florida igations of, S agent and title if a	DELETE	Registered A 13. 1.1 Tm 1.2 NAA 1.3 STF 2.4 CM 3.1 Tm 3.2 NAA 3.3 STF 4.4 CM 4.1 Tm 4.2 NAA 4.3 STF 4.4 CM 5.1 Tm 5.2 NAA 5.3 STF 5.2 NAA 5.3 STF 5.3 NAA	E. E. ME REET ADI REET A	DRESS P DRESS P DRESS P DRESS P	when reinstating)	tors. Thereby acc	DATE	AND I	DIREC Chang	TORS [IN 12 Addition Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stam familiar with, and accept the oblication of the state of t	ite of Florida igations of, S agent and title if a	DELETE DELETE DELETE	Registered A 13. 1.1 Tm 1.2 NAA 1.3 STF 2.4 Cm 3.1 Tm 3.2 NAA 3.3 STF 3.4 Cm 4.2 NAA 4.3 STF 4.4 Cm 4.5 NAA 4.5 STF 5.4 Cm 5.3 STF 5.4 Cm 5.4 Cm 5.4 Cm 5.5 STF 5.4 Cm 5.5 Cm	Agent signed. E. ME REET ADIO REET ADIO REET ADIO REET ADI LE ME REET ADIO REET ADIO LE ME REET ADIO REET AD	DRESS P DRESS P DRESS P DRESS P	when reinstating)	tors. Thereby acc	DATE	AND I	DIRECT Change	ge [IN 12 Addition Addition Addition Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the oblication of the state of t	ite of Florida igations of, S agent and title if a	DELETE	Registered A 13. 1.1 Tm 1.2 NAA 1.3 STF 2.4 Cm 3.1 Tm 3.2 NAA 3.3 STF 4.4 Cm 4.1 Tm 4.2 NAA 4.3 STF 4.4 Cm 5.1 Tm 5.2 NAA 5.3 STF 5.4 Cm 6.1 Tm	E LE	DRESS P DRESS P DRESS P DRESS P	when reinstating)	tors. Thereby acc	DATE	AND I	DIREC Chang	ge [IN 12 Addition Addition
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stam familiar with, and accept the oblication of the state of t	ite of Florida igations of, S agent and title if a	DELETE DELETE DELETE	Registered A 13. 1.1 Tm 1.2 NAA 1.3 STF 2.4 Cm 3.1 Tm 3.2 NAA 3.3 STF 4.4 Cm 4.1 Tm 4.2 NAA 4.3 STF 4.4 Cm 5.1 Tm 5.2 NAA 5.3 STF 5.4 Cm 6.1 Tm 6.2 NAA 6.2 NAA 6.2 NAA 6.3 NAA 6.3 STF 6.4 Cm 6.4	E LE	DRESS P DRESS P DRESS P DRESS P	when reinstating)	tors. Thereby acc	DATE	AND I	DIRECT Change	ge [IN 12 Addition Addition Addition Addition

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, with all other like empowered.

SIGNATURE:

ALLE MARKIBEBOLUBOCK