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Apr 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000081162 (7)

1. Corporation Name

WORLD WIDE CRUISES, INC.



Principal Place of Business

8059 W McNAB RD  
777 SO. FLAGLER DRIVE STE. 310 EAST TOWER  
TAMARAC FL 33321  
US

DELETE

Mailing Address

8059 W McNAB RD  
777 SO. FLAGLER DRIVE STE. 310 EAST TOWER  
TAMARAC FL 33321-3254  
US

DELETE

3. Date Incorporated or Qualified

11/03/1994

3a. Date of Last Report

04/16/1996

2. Principal Place of Business

21 8059 W McNAB RD  
Suite, Apt. #, etc.

2a. Mailing Address

26 8059 W McNAB RD  
Suite, Apt. #, etc.

4. FEI Number

65-0533720

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

22 City & State

23 TAMARAC FL

24 Zip 33321

25 Country

27 City & State

28 TAMARAC FL

29 Zip 33321

30 Country

9. Name and Address of Current Registered Agent

SALOVIN, ALLAN  
777 SO. FLAGLER DRIVE  
STE. 310 EAST TOWER  
WEST PALM BEACH FL 33401

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT  
NAME MARANTZ, LEON  
STREET ADDRESS 2580 SO OCEAN BLVD  
CITY-ST-ZIP PALM BCH FL

☐ DELETE

TITLE VPS  
NAME MARANTZ, ARLINE  
STREET ADDRESS 2580 SO OCEAN BLVD  
CITY-ST-ZIP PALM BCH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/97

954-120-9000

Date

Daytime Phone #

CR2E034 (9/96)