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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 3:42

DOCUMENT # **P94000082687 (2)**

1. Corporation Name
ONLY CRUISES, INC.

Principal Place of Business	Mailing Address
17612D ASHBOURNE LANE BOCA RATON FL 33496	17612D ASHBOURNE LANE BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 ASHBOURNE LANE 17612D	26 ASHBOURNE LANE 17612D
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BOCA RATON, FLORIDA	City & State 28 BOCA RATON, FLORIDA
Zip 24 33496 Country 25 PALM BEACH	Zip 29 33496 Country 30 PALM BEACH

4. FEI Number: 65-0536806 ☐ 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	10. Name and Address of New Registered Agent
FILINGS INC. 3732 N.W. 16TH ST. FT. LAUDERDALE FL 33311	81 Name: SAUL LESSER 82 Street Address (P.O. Box Number is Not Acceptable): 17612D ASHBOURNE LANE 83 84 City: BOCA RATON FL 85 Zip Code: 33496

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: Saul Lesser — 4/11/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	LESSER, THODA	12 NAME	LESSER, RHODA	
STREET ADDRESS	17612D ASHBOURNE LANE	13 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	LASSE, SAUL	22 NAME	LESSER, SAUL	
STREET ADDRESS	17612D ASHBOURNE LANE	23 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: Rhoda Lesser Rev. — 04/10/95 — (407) 998-4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0440127 FP