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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P94000082687

1. Corporation Name

ONLY CRUISES, INC.

FILED
Feb 20, 1999 8:00 am
Secretary of State
02-20-1999 90112 049 ***150.00

02-20-1999 90112 049 ***150.00

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incipal Place of	Business	Mailing Address		\				
INCIPAL PIACE OF		5443 ASCOT BEND		DO NOT WRITE	E IN THIS SE	PACE		
CA RATON FL 3	3496	BOCA RATON FL 33496 US						7
		00		-3: Date Incorporated or Qualifed				
		-		11/10/1994		Apr	lied For	
		2a. Mailing Address		4. FEI Number		Not	Applicabl	е
Principal Place	e of Business	26		65-0536806		\$8.75 A	dditional	1
		Suite, Apt. #, etc.	- 	5. Certifcate of Status Desired		Fee Re	quired	_
Suite, Apt. #,	etc.	27		S Sing Financing		\$5.00	May Be	l
<u> </u>		City & State		Election Campaign Financing Trust Fund Contribution		Added t		ᅵ
City & State		28		8. This corporation owes the curre	ent vear Intai	ngible	V	Ì
<u> </u>	Country	Zip	Country	8. This corporation owes the con-	J)	∐Yes	A No	_
Zip		29 30	<u> </u>	10. Name and Address of New R	Registered A	gent		
	9. Name and Address of Curr			10. Name and Addison				1
	9. Name and Address of Con-		81 Name					\dashv
HIAD	LESSER		82 Street Ac	Idress (P.O. Box Number is Not Accepta	able)			
5A42	ASCOT BEND							
ውስት ያስርላ	RATON FL 33496		83			-1 -1 -1	<u></u>	
			84 City		FL	1 1	Code	
			1 1 '	orporation submits this statement for the ation's board of directors. I hereby acce		changing it	s registere	d :
		2502 and 607 1508 Florida Statutes	, the above-named c	orporation submits this statement for the	pt the appoir	ntment as r	egistered	
11. Pursuant to	o the provisions of Sections 607.0	ate of Florida. Such change was aut	horized by the corpor to Statutes.	orporation submits this statement for the ation's board of directors. I hereby acce				
office or re	gistered agent, or both the oh	ligations of, Section 607.0505, Fiore	ia Oldiano					
agent, I an	n familiar with, and accept the ob-	•			DATE			
agent. i an	I laminar with sive				DATE	ID DIRECT	ORS IN 1	
agent. i an	Control trend or printed name of registered	agent and title if applicable. (NOTE: I	Registered Agent signature rec		DATE	ND DIRECT	ORS IN 1	2
agent. I an	Control trend or printed name of registered	agent and title if applicable. (NOTE: F	Registered Agent signature red		DATE	ND DIRECT	ORS IN 1	2
signature	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE: I	Registered Agent signature rec		DATE	ND DIRECT ☐ Change	ORS IN 1	2
agent. i an	Signature, typed or printed name of registered OFFICERS D LESSER, RHODA	agent and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME		DATE	ND DIRECT	ORS IN 1	2
SIGNATURE 12. TITLE	Signature, typed or printed name of registered OFFICERS D LESSER, RHODA 5443 ASCOT BEND	agent and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		DATE			2 Idition
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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 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 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 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 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 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 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 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 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 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 supplied with 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 supplied with that the information supplied with the i

SIGNATURE: