

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000086201 (8)

1. Corporation Name

R & R CRUISE, INC.



Principal Place of Business

590 DODECANESE BLVD.
TARPON SPRINGS FL 34689
US

Mailing Address

590 DODCANESE BLVD.
TARPON SPRINGS FL 34689
US

2. Principal Place of Business

21 909 CAROLINE ST.

Suite, Apt. #, etc.

22 City & State

23 KEY WEST, FLORIDA

24 33040

Country

25 U.S.A.

2a. Mailing Address

26 P.O. Box 4494

Suite, Apt. #, etc.

27 City & State

28 KEY WEST FLORIDA

29 33041

Country

30 U.S.A.

3. Date Incorporated or Qualified

11/21/1994

3a. Date of Last Report

02/27/1995

4. FEI Number

65-0542429

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

PEAL, GARY W
2070 RINGLING BLVD.
SARASOTA FL 34237

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, type or printed name of registered agent and the day it is filed.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCST	<input checked="" type="checkbox"/> DELETE
NAME	BONO, RANDALL A	
STREET ADDRESS	590 DODECANESE BOULEVARD	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MEISENHEIMER, RICHARD	
STREET ADDRESS	590 DODECANESE BOULEVARD	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MEISENHEIMER, RICHARD	
STREET ADDRESS	909 CAROLINE ST	
CITY-ST-ZIP	KEY WEST, FL. 33040	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WILMER, William R	
STREET ADDRESS	909 CAROLINE ST.	
CITY-ST-ZIP	KEY WEST, FL. 33040	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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. 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: *Richard Meisenheimer President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96 (305) 294-3004

Date

Daytime Phone #

CR2E034 (12/95)