

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

ANNUAL REPORT

1995



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AND
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DOCUMENT # P94000090473 (7)

TROPICANA CRUISES USA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Corporation		2. Principal Place of Business		3. Date of Report		4. Filing Number		5. Certificate of Status Granted		6. Resident Campaign Financing		7. The corporation has liability for intangible tax under S. 199.03, Florida Statutes.	
1341 RUTHERFORD ROAD GREENVILLE SC 29609		1341 RUTHERFORD ROAD GREENVILLE SC 29609		12/14/1994		57-1012036		☐ \$8.75 Additional Fee Required		☐ \$5.00 May Be Added to Fees		☐ Yes ☒ No	
21. State of Incorporation		22. Date of Report		23. Filing Number		24. Filing Number		25. Filing Number		26. Filing Number		27. Filing Number	
28. Filing Number		29. Filing Number		30. Filing Number		31. Filing Number		32. Filing Number		33. Filing Number		34. Filing Number	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. State 85. Zip Code	

11. Pursuant to the provisions of Sections 607.0302 and 607.1402, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 a resident of the State of Florida.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Director Fred Collins 1341 Rutherford Road Greenville, SC 29609		1. NAME 1.1 STREET ADDRESS 1.2 CITY, ST, ZIP	
President Joseph C. Phillips 1341 Rutherford Road Greenville, SC 29609		2. NAME 2.1 STREET ADDRESS 2.2 CITY, ST, ZIP	
Secretary Jerry T. Saad 1341 Rutherford Road Greenville, SC 29609		3. NAME 3.1 STREET ADDRESS 3.2 CITY, ST, ZIP	
Treasurer Jerry T. Saad 1341 Rutherford Road Greenville, SC 29609		4. NAME 4.1 STREET ADDRESS 4.2 CITY, ST, ZIP	
		5. NAME 5.1 STREET ADDRESS 5.2 CITY, ST, ZIP	
		6. NAME 6.1 STREET ADDRESS 6.2 CITY, ST, ZIP	
		7. NAME 7.1 STREET ADDRESS 7.2 CITY, ST, ZIP	
		8. NAME 8.1 STREET ADDRESS 8.2 CITY, ST, ZIP	

14. I, the undersigned, certify that the foregoing report was prepared by the person or persons named herein and that I am duly qualified to execute the report as required by Chapter 607, Florida Statutes, and that my name is on the report as required by Chapter 607, Florida Statutes.

SIGNATURE:

Jerry T. Saad CFO
SIGNATURE AND PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

Jerry T. Saad

2/22/95

(803) 268-1111