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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnami

Secretary of State

1996 DIVISION OF CORPORATIONS

	$\sim$	$\sim$	1 11	١.		٨
Ð	ιJ		U	IVI	E	١

P95000001232 (4) 1. Corporation Name

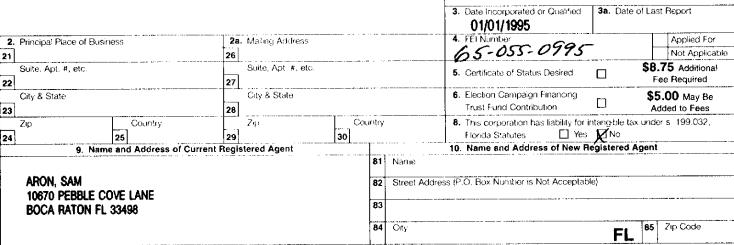
DELUXE CHUISES, INC	<i>j</i> .	

10670 PEBBLE COVE LANE **BOCA RATON FL 33498** 

Principal Place of Business

Mailing Address

10670 PEBBLE COVE LANE **BOCA RATON FL 33498** 



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. Thereby 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 han elot repistered agent and the it	apple, at a 1NO	E. Ragistered Agent's gnature required	d wher reinstating DATE
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1 1 TITLE	Change Addition
NAME	HARDIN, GARY		1.2 NAME	
STREET ADDRESS	10670 PEBBLE COVE LANE		1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33498		1.4.0(1Y - S1 - ZIF	
TITLE	D	☐ DELETE	2 1 Title	Change Addition
NAMÉ	ARON, SAM		2.2 NAME	
STREET ADDRESS	10670 PEBBLE COVE LANE		2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33498		2.4 CHV - ST - ZP	<u>.</u> •
TITLE	3/23/5///	☐ DELETE	3 1 TiTuE	Change Addition
NAME			3 2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY - ST - ZIP	
TITLE		□ DELETE	4 1 TIFLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			44 CITY - ST - Z P	
THLE		☐ DELETE	5 1 11°LF	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5 4 CITY - ST - ZIP	
TITLE		☐ DE LETE	6 1 101.6	Crange Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4.0HY S1-7IP	

Fig. 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 earth; 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

CR2E034 (12/95)