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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000033390 (2)

1. Corporation Name

THE INVERNESS FLORIDA CRUISE LINES, INC.



Principal Place of Business

200 EAST BROWARD BLVD.
15TH FLOOR
FT. LAUDERDALE FL 33301

Mailing Address

200 EAST BROWARD BLVD.
15TH FLOOR
FT. LAUDERDALE FL 33301

3. Date Incorporated or Qualified

04/28/1995

3a. Date of Last Report

2. Principal Place of Business

21 701 Brickell Ave.

2a. Mailing Address

26 701 Brickell Ave.

Suite, Apt. #, etc.

22 Suite 3000

Suite, Apt. #, etc.

27 Suite 3000

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33131

Country

Zip

29 33131

Country

30

9. Name and Address of Current Registered Agent

BARNETT, ELLIOTT B
200 EAST BROWARD BLVD.
15TH FLOOR
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
INTRASTATE REGISTERED AGENT CORPORATION
82 Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Ave., Suite 3000
83
84 City
Miami
85 Zip Code
FL 33131

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, to the State of Florida. This 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 obligation of, Sections 607.0502 and 607.1508, Florida Statutes.

SIGNATURE By:

Steven H. Hagen, Vice Pres.

INTRASTATE REGISTERED AGENT CORPORATION

5/1/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

312-258-9119

CR2E034 (12/95)