FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90067 020 ***150.00

DOCUMENT # P95000 1. Corporation Name RIVER QUEEN CRUISES, INC.	040401			
Principal Place of Business	Mailing Address			iai alail as iai alail asia i asai 1881
8635 101ST CT. VERO BEACH FL 32967	8635 101 ST CT. VERO BEACH FL 32967			
Tello benon re decor	TOTAL DENGTH TE GESCH	•	DO NOT WRITE IN TH	IS SPACE
			3. Date Incorporated or Qualifed 05/19/1995	
2. Principal Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21	26		65-0585870	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	Zip	Country	8. This corporation owes the current year	
24 25	29	30	Personal Property Tax.	Yes Alo
9. Name and Address of Currer	t Registered Agent		10. Name and Address of New Registers	d Agent
HOWARD, JOANN V 8635 101ST CT. VERO BEACH FL 32967		83 Veno 84 City	ress (P.O. Box Number is Not Acceptable) B.A. F	
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga SIGNATURE Signature, typed or printed name of registered agent.	tions of, Section 607.0505, Flo.	uthorized by the corporational Statutes. Registered Agent signature require		ointment as registered
	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE PST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME HOWARD, JOANN W		1.2 NAME		
STREET ADDRESS 8635 101ST CT.		1,3 STREET ADDRESS		
CITY-ST-ZIP VERO BEACH FL 32967		1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 T/TLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME	,	
STREET ADDRESS		3.3 STREET ADDRESS	•	
CITY-ST-ZIP		3.4, CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	F7 05: 57-	4.4 CITY-ST-ZIP		C Chara C A 2350
TITLE	🔀 DELETE	5.1 TITLE		Change Addition
NAME I				1
NAME STREET ADDRESS	_	5.2 NAME 5.3 STREET ADDRESS		

CITY-ST-ZIP 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 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

Change

Addition