FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
Apr 26 1996 8:00 am
Secretary of State

DOCUMENT # P95000066336 (5)

1. Corporation Name

BOCA CASINO CRUISES, INC.

Principal Place of Business	Mailing Address
520 BRICKELL KEY DRIVE SUITE 1606 MIAMI FL 33131	520 BRICKELL KEY DRIVE SUITE 1606 MIAMI FL 33131

3. Date Incorporated or Qualified: 08/28/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2139 University Drive	26 2139 University Drive
Suite, Apt. #, etc. 22 # 433	Suite, Apt. #, etc. 27 # 433
City & State 23 Coral Springs FL	City & State 28 Coral Springs FL
Zip 24 33071 Country 25 USA	Zip 29 33071 Country 30 US

4. FEI Number: 65-0616327 ☐ 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**

KOLK, GLENN G
520 BRICKELL KEY DRIVE
SUITE 1606
MIAMI FL 33131

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, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	POLIDORE, JOSEPH R		1.2 NAME	
STREET ADDRESS	250 TRADEWINDS AVENUE	→	1.3 STREET ADDRESS	2139 University Drive # 433
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		1.4 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE		☐ DELETE	2.1 TITLE	Secretary ☐ Change ☒ Addition
NAME			2.2 NAME	Glenn G. Kolk
STREET ADDRESS			2.3 STREET ADDRESS	520 Brickell Key DR. #1606
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Miami, FL 33131
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			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GLENN G. KOLK

Date: April 22/96
Daytime Phone: 305 374-5200