

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 28 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McRitham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000067185 (5)
 1. Corporation Name
PARADISE CRUISES, INC.



Principal Place of Business 334 EAST LAKE ROAD, #138 PALM HARBOR FL 34685	Mailing Address 334 EAST LAKE ROAD, #138 PALM HARBOR FL 34685
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/30/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3332658	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
DIMARCO, ROBERT F
3440 EAST LAKE ROAD, #104
PALM HARBOR FL 34685

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City
 B5 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GODWIN, JOAN	1.2 NAME	400002281624--9
STREET ADDRESS	3874 TALAH DR.	1.3 STREET ADDRESS	-08/29/97--0112--001
CITY-ST-ZIP	PALM HARBOR FL 34684-2457	1.4 CITY-ST-ZIP	*****8.75 *****8.75
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	400002281624--9
STREET ADDRESS		2.3 STREET ADDRESS	-08/29/97--0112--002
CITY-ST-ZIP		2.4 CITY-ST-ZIP	*****165.00 *****165.00
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Handwritten notes and signatures in the right column of the table above.

14. I do 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.

CR2E034 (4/97)



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DIVISION OF CORPORATIONS
CONSUMERS SERVICES
97 AUG 28 10:11:42

August 22, 1997

Ms. Stacy Prather
Document Specialist
Florida Department of State
Division of Corporations
Annual Report Section
P. O. Box 6327
Tallahassee, Florida 32314

RE: Paradise Cruises, Inc.
Ref. #P9000067185

Dear Ms. Prather:

Pursuant to our discussion, please find enclosed a copy of our Annual Report along with the specified filing fee of \$165.00 and a check for \$8.75 for a Certificate of Status. As we discussed, I did not receive the original report which is why this one is late. Your cooperation is greatly appreciated.

If you have any questions please feel free to call me at 813-789-8773.

Very truly yours,

Joan R. Godwin
President

JRG/lr

Enclosures

334 East Lake Road #138 Palm Harbor FL 34685

813-789-8773 1-800-905-8773 Fax: 813-781-0395 E-mail: ship@gate.net