

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	
DOCUMENT # P95000074754			
1. Corporation Name MAXAMILLION CRUISES, INC.			
Principal Place of Business 1050 LEE WAGENER BLVD. SUITE 303 FT. LAUDERDALE FL 33315		Mailing Address 1050 LEE WAGENER BLVD. SUITE 303 FT. LAUDERDALE FL 33315	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	Suite 301	27	Suite 301
City & State		City & State	
23	Zip	28	Country
24	Country	29	Country
9. Name and Address of Current Registered Agent			
ROSEN, LAWRENCE N ESQUIRE LAWRENCE N. ROSEN, P.A. 2925 AVENTURA BLVD., SUITE 308 AVENTURA FL 33180			
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 not stated)			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	PETRILLO, ADAM C		
STREET ADDRESS	1050 LEE WAGENER BLVD. SUITE 303		
CITY-STATE-ZIP	FT. LAUDERDALE FL 33315		
TITLE	PCV	<input type="checkbox"/> DELETE	
NAME	ROSS, DAVID		
STREET ADDRESS	6880 LIONS HEAD LANE		
CITY-STATE-ZIP	BOCA RATON FL 33496		
TITLE	T	<input checked="" type="checkbox"/> DELETE	
NAME	CLINGENPEEL, JERRY		
STREET ADDRESS	16503 DIAMOND PLACE		
CITY-STATE-ZIP	WESTON FL 33331		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE			
V/S/T			
12 NAME			
Jeffrey M. Levine			
13 STREET ADDRESS			
1050 Lee Wagener Boulevard, Suite 301			
14 CITY-STATE-ZIP			
Ft. Lauderdale, FL 33315			
21 TITLE			
P			
22 NAME			
23 STREET ADDRESS			
24 CITY-STATE-ZIP			
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY-STATE-ZIP			
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY-STATE-ZIP			
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY-STATE-ZIP			
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 CITY-STATE-ZIP			

FILED  
Apr 29 1999 8:00 am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/27/1995
4. FEI Number  
65-0650130
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 owes the current year Intangible Personal Property Tax ☐ Yes ☐ No
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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Ross April 28, 1999 (561) 852-7100

CR2E034 (11/98)