

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

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
**Apr 29 1999 8:00 am**  
**Secretary of State**

**DOCUMENT # P95000074754**

1. Corporation Name  
**MAXAMILLION CRUISES, INC.**



Principal Place of Business <b>1050 LEE WAGENER BLVD.                  SUITE 303                  FT. LAUDERDALE FL 33315</b>	Mailing Address <b>1050 LEE WAGENER BLVD.                  SUITE 303                  FT. LAUDERDALE FL 33315</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/27/1995**
4. FEI Number  
**65-0650130** 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 owes the current year Intangible Personal Property Tax  Yes  No
10. Name and Address of New Registered Agent

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. <b>Suite 301</b>	26 Suite, Apt. #, etc. <b>Suite 301</b>
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

**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**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 starting) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PETRILLO, ADAM C</b>	
STREET ADDRESS	<b>1050 LEE WAGENER BLVD. SUITE 303</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33315</b>	
TITLE	<b>PCV</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSS, DAVID</b>	
STREET ADDRESS	<b>6880 LIONS HEAD LANE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CLINGENPEEL, JERRY</b>	
STREET ADDRESS	<b>16503 DIAMOND PLACE</b>	
CITY-ST-ZIP	<b>WESTON FL 33331</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<b>V/S/R</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Jeffrey M. Levine</b>	
13 STREET ADDRESS	<b>1050 Lee Wagener Boulevard, Suite 301</b>	
14 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33315</b>	
21 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	<b>500002866595---</b>	
24 CITY-ST-ZIP	<b>-05/07/99--01030--017</b>	
31 TITLE	<b>***1200.00</b>	<input type="checkbox"/> ***150.00
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(c), 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034 (11/98)

*[Handwritten initials]*