

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000083315 (8)

1. Corporation Name

AMERICAN DREAM CRUISES OF LEE COUNTY, INC.



Principal Place of Business

621 CAPE CORAL PARKWAY, EAST
UNIT 4
CAPE CORAL FL 33904

Mailing Address

621 CAPE CORAL PARKWAY, EAST
UNIT 4
CAPE CORAL FL 33904

3. Date Incorporated or Qualified
10/31/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0617011

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHMITT, LEE V
621 CAPE CORAL PARKWAY, EAST
UNIT 4
CAPE CORAL FL 33904

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

Lee V. Schmitt

Lee V. Schmitt

(If the Registered Agent is not the corporation, the signature of the person authorized to sign on behalf of the corporation is required.)

1-30-96

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PTD
SCHMITT, LEE V
621 CAPE CORAL PARKWAY, EAST, UNIT 4
CAPE CORAL FL 33904

☐ DELETE

2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
SD
SCHMITT, MICHELLE
621 CAPE CORAL PARKWAY, EAST, UNIT 4
CAPE CORAL FL 33904

☐ DELETE

3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

☐ DELETE

4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

☐ DELETE

5. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

☐ DELETE

6. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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 as an attachment with an address.

SIGNATURE:

Lee V. Schmitt

Lee V. Schmitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96

DATE

941-542-7447

Long-Term Phone #

CR2E034 (12/95)