

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

FILED

Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000036384 (1)

1. Corporation Name

SHIP WRECK ADVENTURES & CRUISES, INC.

Principal Place of Business

Mailing Address

4136 STAG RUN CT  
TALLAHASSEE FL 32311-4150  
1136 NORTH NORTH LAKE DRIVE  
HOLLYWOOD, FLORIDA 33019

4136 STAG RUN CT  
TALLAHASSEE FL 32311-4150  
POST OFFICE BOX 220197  
HOLLYWOOD, FLORIDA 33020-0197

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1996

4. FEI No. 339

APR 1998 5541

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 POST OFFICE BOX 220197

26 POST OFFICE BOX 220197

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 HOLLYWOOD

27 HOLLYWOOD

City & State

City & State

23 FLORIDA

28 FLORIDA

Zip

Zip

24 33020-0197

29 33020-0197

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEHLING, THOMAS A  
4136 STAG RUN CT  
TALLAHASSEE FL 32311  
1136 NORTH NORTH LAKE DRIVE  
HOLLYWOOD, FLORIDA 33019

81 Name  
THOMAS A. FREEHLING  
82 Street Address (P.O. Box Number is Not Acceptable)  
1136 NORTH NORTH LAKE DRIVE  
83  
84 City  
HOLLYWOOD  
85 Zip Code  
33020

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

NAME FREEHLING, THOMAS A

1.2 NAME

STREET ADDRESS 4136 STAG RUN CT 1136 NORTH NORTH LAKE DRIVE

1.3 STREET ADDRESS

CITY-ST-ZIP TALLAHASSEE FL 32311-4150 HOLLYWOOD, FLORIDA 33020

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 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)(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.

SIGNATURE: Thomas A. Freehling, President

Commissioner 301/188 (888) 922-7635

CR2E034 (10/97)