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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

本人,公安用于最重要的中央的基本企业的企业中的,并不是有的企业,这个人也是通过的企业,但是是他们的现在,我们们的一个人,也是是一个人的,也是是一个人,也是一个人,



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000041166 (5)

ATLANTIC COASTAL CRUISES, INC.

FILED Apr 14 1998 8:00am Secretary of State



900 EAST BLUE HERON BLVD SINGER ISLAND FL 33404 US		900 EAST BLUE HERON BLVD Singer Island FL 33404 US		DO NOT WRITE IN THIS SPACE		
					<ol> <li>Date Incorporated or Qualified 05/09/1996</li> </ol>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0669365	Applied For	
Suite, Apt. #, etc.		Suite. Apt. #. etc.	Suite, Apt. #, etc.		-	Not Applicable  \$8.75 Additional
2		27		5. Certificate of Status Desired	/ Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
:3	Country	28	I Country		Trust Fund Contribution	Added to Fees
Zip 4	Country 25	Zip <b>29</b>	Country 30	<i>!</i>	This corporation owes or has paid the or Personal Property Tax due June 30.	urrent war Intangible
·*-	g. Name and Address of Curren				10. Name and Address of New Registere	
CLA	AUGHTON, HUGH D. J		81	Name		
900 EAST BLUE HERON BLVD			82	Ctropt Add	ress (P.O. Box Number is Not Acceptable)	
	GER ISLAND FL 33404		62	Street Add	ress (P.O. Box Number is Not Acceptable)	
			83			
			84	City		at Zin Codo
			04	City	F	L 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.050	02 and 60 .1508, Florida Sta	itutes, the above	e-named corp	poration submits this statement for the purpose	of changing its registered
agent. Lan	ngisterea agent, or both, in the state n familiar with, and accept yo obligs	of Florida, Such change was patient of medicin 607,0505,	as authorized by Florida Statute:	/ tne corpora s.,	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE A	hed 11. I air	77/00 D.	Hunk	/ //	Claughton X. Dress	Jest 4-6-98
	minally species protes out of registered plus	/	NOTE Registered Age	ent signature requi		
12.	OFFICE RS/MI		13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	CLAUGHTON, HUGH D. J	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	900 EAST BLUE HERON BLV	<b>₽</b>	1.2 NAME	}		
STREET ADDRESS	SINGER ISLAND FL	10	1.3 STREET			
CITY-ST-ZIP	ST ST	DELETE	14 CITY-5	IT-ZIP		Change Addition
TITLE	CLAUGHTON, HUGH D. S	☐ DETER	21 TITLE			Li cliarige Li Addition
NAME	900 EAST BLUE HERON BLV	Λ	2.2 NAME			
STREET ADDRESS	SINGER ISLAND FL		2.3 STREET	1		
CITY-ST-ZIP TITLE	D	DELETE	2. 4 CITY - 3.1 TITLE	ST-ZIP		Change Addition
1	CLAUGHTON, JONATHAN		3.1 ITLE 3.2 NAME	i		change rounon
NAME STREET ADDRESS	900 EAST BLUE HERON BLV	'n	3.3 STREET	r ADDDCCC		
1	SINGER IS		3.4. CITY -	1		
CITY-ST-ZIP TITLE	0.1100, 10	☐ DELETE	4.1 TITLE	31-217		Change Addition
NAME			4. 2 NAME			,
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP			4.4 CITY - S			
TITLE	***************************************	DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			-
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S			
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME	Ì		
STREET ADDRESS			63 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S	ST-ZIP		
14. I hereby coindicated officer or o	on this annual report or supplementa	al annual report is true and a giver or trustee empowered	y for the exemp	tion stated in at my signatu	Section 119.07(3)(i), Florida Statutes. I further ure shall have the same legal effect as if made juired by Chapter 607, Florida Statutes; and that	under oath; that I am an

Clarition 1. Hugh D Claughten JR

4/6/98

561 (84817824)