


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

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Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000049212 (9)

1. Corporation Name
PROSPERITY I CRUISES, INC.

Principal Place of Business C/O AKERMAN, SENTERFITT & EIDSON, P.A. 100 SOUTH ASHLEY DR. TAMPA FL 33602	Mailing Address C/O AKERMAN, SENTERFITT & EIDSON, P.A. 100 SOUTH ASHLEY DR. TAMPA FL 33602-5360
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2. Principal Place of Business 21 449 North Tamiami Trail Suite, Apt. #, etc. 22 City & State 23 Venice, Florida Zip 24 34292 Country 25 USA		2a. Mailing Address 26 449 North Tamiami Trail Suite, Apt. #, etc. 27 City & State 28 Venice, Florida Zip 29 34292 Country 30 USA		3. Date Incorporated or Qualified 06/10/1996	3a. Date of Last Report
		4. FEI Number 59-3391747		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent PAUL, WILLIAM R C/O AKERMAN, SENTERFITT & EIDSON, P.A. 100 SOUTH ASHLEY DR. TAMPA FL 33602			10. Name and Address of New Registered Agent 81 Name John Sargent 82 Street Address (P.O. Box Number is Not Acceptable) Prosperity I Cruises, Inc. 83 449 North Tamiami Trail 84 City Venice FL 85 Zip Code 34292		

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 JOHN W. SARGENT John W. Sargent 1-30-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLDFARB, IRA 1237 WATERFORD CT. GLADWYNE PA 19035 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D/P/T GOLDFARB, IRA 449 NORTH TAMiami TRAIL VENICE, FLORIDA 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SARGENT, JOHN 8804 BRIARCROFT LANE LAUREL MD 20708 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D/S SARGENT, JOHN 449 NORTH TAMiami TRAIL VENICE, FLORIDA 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRUMEIER, JEFFREY 30 CHAGELL RD. MARLBORO NJ 07748 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: John W. Sargent John W. Sargent 1-30-97 941-486-1118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)