

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90012 050 \*\*\*150.00

DOCUMENT # P96000064215

1. Corporation Name

FAT CAT CRUISES, INC.

Principal Place of Business

509 N TAMiami TrL  
VENICE FL 34231  
US

Mailing Address

PO BOX 19222  
SARASOTA FL 34276  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1996

4. FEI Number  
65-0689004

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 34285

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALGER, DANIEL B JR  
3112 CHASE CIRCLE  
SARASOTA FL 34231

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
4692 Long Lake Dr.

83

84 City Sarasota FL 85 Zip Code 34233

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME DAVIS, CHRISTOPHER V  
STREET ADDRESS 4909 NUTMEG AVE  
CITY-ST-ZIP SARASOTA FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME ALGER, DANIEL B JR.  
STREET ADDRESS 3112 CHASE CIR.  
CITY-ST-ZIP SARASOTA FL

2.1 TITLE ☒ Change ☐ Addition

TITLE T ☐ DELETE

NAME ALGER, SANDRA L  
STREET ADDRESS 3112 CHASE CIR.  
CITY-ST-ZIP SARASOTA FL

2.2 NAME 4692 Long Lake Dr.  
2.3 STREET ADDRESS Sarasota FL 34233  
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME DAVIS, THERESA J  
STREET ADDRESS 4909 NUTMEG AVE.  
CITY-ST-ZIP SARASOTA FL

3.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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 with all other like empowered.

SIGNATURE:

Sandra L Alger 4/1/99 941-926-8206  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)