

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

FILED

Jan 30 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 # P96000066168 (1)

1. Corporation Name  
TENCO CRUISES CORP.



Principal Place of Business 1801 BELVEDERE ROAD STE 407 WEST PALM BEACH FL 33406	Mailing Address 1801 BELVEDERE ROAD STE 407 WEST PALM BEACH FL 33406-1541
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3. Date Incorporated or Qualified 08/06/1996	3a. Date of Last Report
4. FEI Number 65-0685707	Applied For <input type="checkbox"/> 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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent MEYER, WILLIAM A 1801 BELVEDERE ROAD STE 407 WEST PALM BEACH FL 33406	10. Name and Address of New Registered Agent 81 Name JOANNE BERTKOW 82 Street Address (P.O. Box Number is Not Acceptable) 1601 BELVEDERE ROAD Suite 407 83 84 City WEST PALM BEACH FL 85 Zip Code 33406
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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 *Joanne Bertkow* *JOANNE BERTKOW* 1-6-97  
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 D NAME MEYER, WILLIAM A STREET ADDRESS 1801 BELVEDERE ROAD STE 407 CITY-ST-ZIP WEST PALM BEACH FL 33406	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DIRECTOR - VICE PRES 1.2 NAME JOANNE BERTKOW 1.3 STREET ADDRESS 1601 BELVEDERE ROAD Suite 407 1.4 CITY-ST-ZIP WEST PALM BEACH FL 33406	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME TENDRICH, STEVEN A STREET ADDRESS 1801 BELVEDERE ROAD STE 407 CITY-ST-ZIP WEST PALM BEACH FL 33406	<input type="checkbox"/> DELETE	2.1 TITLE PRES 2.2 NAME STEVEN TENDRICH 2.3 STREET ADDRESS 1601 BELVEDERE ROAD Suite 407 2.4 CITY-ST-ZIP WEST PALM BEACH FL 33406	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: *Joanne Bertkow* *JOANNE BERTKOW* 1-6-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)