

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000069609 (1)

1. Corporation Name
CRUISE & TOUR EMPORIUM, INC.

FILED
97 JUL 25 AM 7:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2606 N.W. 6TH STREET
GAINESVILLE FL 32609

Mailing Address
2606 N.W. 6TH STREET
GAINESVILLE FL 32609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/19/1996	3a. Date of Last Report
4. FEI Number 59-3297722	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 RT 2, Box 9192 Fort White FL 32038	2a. Mailing Address 26 PO Box 567 N/A
22 Suite, Apt. #, etc. N/A	27 Suite, Apt. #, etc. N/A
23 City & State FORT white, FL	28 City & State FORT white, FL
24 Zip 32038	25 Country USA
29 Zip 32038	30 Country USA

9. Name and Address of Current Registered Agent ZIMMERMAN, MICHAEL 2606 N.W. 6TH STREET GAINESVILLE FL 32609	10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *John Michael Zimmerman* 7/22/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE ZIMMERMAN, JOHN M 2606 N.W. 6TH ST. GAINESVILLE FL 32609	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President John M. Zimmerman RT 2 Box 9192 FORT white, FL 32038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<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 800002255358--2 -08/01/97--01094--022 ****165.00 ****165.00
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.

CP2E034 (4/97)



CRUISE & TOUR EMPORIUM



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<http://www.valuecruise.com>

<http://www.valuedive.com>

July 22, 1997

Ms Jackie Kelly
Division of Corporations
Annual Reports Section
P.O. Box 6327
Tallahassee, FL. 32314-1500

Dear Ms Kelly,

Per your instructions, I am including this letter of explanation with my completed form and corporate check in the amount of \$165 made out to Department of State.

As I explained when I went to my mail box, I was completely taken when the form said SECOND NOTICE, as I have not ever seen the first notice. I take very good care of all my records as well as license, and I assure you that the first one did not exist in my office or it would have been taken care of then.

Sincerely,

J. Michael Zimmerman, President
Cruise & Tour Emporium, Inc,

Professional Association
of Diving Instructors

PADI

Business 904 497-1344

FAX 904 497- 1419

9192 SR 47 S., Fort White, FL. 32038, P.O. Box 567, Fort White, FL.

32038 USA

Specialized in Cruising and Diving World-Wide

