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

Mailing Address

7770 N.W. 20TH COURT

SUNRISE FL 33322-3904

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

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Profit Corporation Annual Report

1997

Principal Place of Business

2. Principal Place of Business

DEUTCH, RONA

SUNRISE FL 33322

7770 N.W. 20TH COURT

7770 N.W. 20TH COURT

Suite Apt. #, etc

City & State

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SUNRISE FL 33322



FLORIDA DEPARTMENT OF STATE

FILED

Mar 28 1997 8:00am

Secretary of State

Yes No

This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

85 Zip Code

Not Applicable

3. Date Incorporated or Qualified

65-0693186

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

08/30/1996

FEI Numbe

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000073259 (9)

A TIME TO REMEMBER CRUISES, INC.

Country

9. Name and Address of Current Registered Agent

25

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 typed or proced have of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change X Addition THUE 1.1 TILLE ð ROBERT DEUTCH NAME 1.2 NAME 7170 N.W. 20 Ct STREET ADDRESS **13 STREET ADDRESS** SUNRUSE, FL 33322 CITY - \$1 - ZIP 1.4 CITY-ST-ZIP L DELETE Addition TITLE 2.1 TITLE Channe NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-SI-7P 2 4 CITY-ST-ZIP mu L DELETE 3 1 TITLE Change Addition NAME 3.2 NAME SUBELL ADDRESS 3.3 STREET ADDRESS CONSTRUCTOR 3.4. CITY-ST-ZIP DELETE 1:111 4 1 TITLE Addition NAMI 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST_7IP DELETE HILE 5 1 TITLE __ Change Addition NAMi 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-St-2IP 5.4 CITY-ST-ZIP DELETE TELL 6.1 TITLE Change Addition NAME 6.2 NAME STREET ACORESS 63 STREET ADDRESS CITY - ST. 269 6.4 CITY-ST-ZIP 14. I do necely 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

Country

81

82

83 City

Name

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