FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Aug 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P96000089969

1. Corporation Name

The Cruise Line, Inc.

Principal Place of Business	Mailing Address
150 N.W. 168th Street Suite 200 North Miami Beach FL 33169	2200 Ross Avenue Suite 4800 West Dallas, TX 75201

3. Date Incorporated or Qualified: 11/1/96
3a. Date of Last Report: n/a

2. Principal Place of Business
21 Street: 150 N.W. 168th Street
22 Suite, Apt. #, etc.: Suite 200
23 City & State: North Miami Beach, FL
24 Zip: 33169
25 Country: U.S.A.

2a. Mailing Address
26 Street: 2200 Ross Avenue
27 Suite, Apt. #, etc.: Suite 4800 West
28 City & State: Dallas, TX
29 Zip: 75201
30 Country: U.S.A.

4. FEI Number: 75-2675436 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
City of Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature: type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		☐ DELETE
TITLE	CEO/Treasurer/Director	
NAME	Lucy Billingsley	
STREET ADDRESS	2200 Ross Avenue, Suite 4800 W	
CITY-ST-ZIP	Dallas, TX 75201	
TITLE	COO/President	☐ DELETE
NAME	Sue Trizila	
STREET ADDRESS	2200 Ross Avenue, Suite 4800 W	
CITY-ST-ZIP	Dallas, TX 75201	
TITLE	VP/Secretary	☐ DELETE
NAME	Barbara A. Erhart	
STREET ADDRESS	2200 Ross Avenue, Suite 4800 W	
CITY-ST-ZIP	Dallas, TX 75201	
TITLE	Vice President	☐ DELETE
NAME	Jeffrey Price	
STREET ADDRESS	150 N.W. 168th St, Suite 200	
CITY-ST-ZIP	North Miami Beach, FL 33169	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☐ Change ☐ Addition
11 TITLE		
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		PE 8/14
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME	200002266662	
63 STREET ADDRESS	-08/14/97--01002--034	
64 CITY-ST-ZIP	***550.00	

CR2E034 (9/96)

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: Barbara A. Erhart — 7/17/97 — (214) 754-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #