FILED

Aug 10, 1999 8:00 am Secretary of State

08-10-1999 90021 046 ***550.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF COMPORATIONS

DOCUMENT #

1. Corporation Name P96000089969

THE CRUISE LINE, INC.

Principal Place of Business Mailing Address						n garar taris resignistic erces tail 1897
150 N.W. 168	2200 ROSS AVENUE					
Suite 200 North Miam	SUITE 4800 WEST DALLAS TX 75201			DO NOT WRITE IN	THIS SPACE	
		1			3. Date Incorporated or Qualified 11/01/1996	
2. Principal P	Place of Business	2a. Mailing Address			4, FEI Number	Applied For
21		26			75-2675436	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip		untry	8. This corporation owes the current year	
24	25	29	30	F	Intangible Personal Property.	Yes No
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Registe	ered Agent
CT	CORPORATION SYSTEM			01 Manie		
1200 SOUTH PINE ISLAND ROAD					Address (P.O. Box Number is Not Acceptable)	
PL	ANTATION FL 33324			83		
				84 City		FL 85 Zip Code
44 Disease	t to the provisions of continue 607.0502	and 607 1508 Florido Statuto	e the a	hove-named (corporation submits this statement for the purpose	• = :
office or	registered agent, or both, in the State of	f Florida. Such change was a	authorize	ed by the comp	poration's board of directors. I hereby accept the a	appointment as registered
agent. I	am familiar with, and accept the obligati	ons of, section 607.0505, Fig	orida Sta	itutes.		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if annicable (NE	TF: Regist	ered Agent signati	ure required when reinstating) DA	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	CTD	DELETE	1.1 T	ITLE		Change Addition
-NAME	BILLINGSLEY, LUCY		1.2 N	IAME		_ ,
STREET ADDRESS 2200 ROSS AVE., SUITE 4800 WEST		NEST	1.3 \$	TREET ADDRESS		1
CITY-ST-ZIP	DALLAS TX 75201		140	:ITY-ST-ZIP	ļ	á
TITLE	CP	DELETE	2.1 T			Change
NAME -	TRIZILA, SUE		2.2 N	IAME		
STREET ADDRESS	2200 ROSS AVE., SUITE 4800	NEST	2.3 5	TREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75201			CITY-ST-ZIP		
TITLE	VS	DELETE	3.1 T			Change Addition
NAME	ERHART, BARBARA A		3.2 1	IAME		_ • -
STREET ADDRESS	2200 ROSS AVE., SUITE 4800	WEST	3.3 S	TREET ADDRESS		
CITY-ST-ZIP	DALLAS TX 75201		3.4 0	ITY-ST-ZIP		
TITLE .	V	DELETE	4.1 T	TITLE		Change Addition
NAME	PRICE, JEFFEREY	_	4.2 1	IAME		
STREET ADDRESS	150 N.W. 168TH STREET, SUIT		4.3 S	TREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3316	3	4.4 0	XTY-ST-ZIP		
TITLE		DELETE	5.1 T	TITLE		Change Addition
NAME		_	5.2 N	IAME		
STREET ADDRÉSS	Markety M. Taker		5.3 S	TREET ADDRESS		
	BAT BUSINE SPECIALISM		5.4 (CITY-ST-ZIP		
TITLE 🔠	OF SHORE SHORE SHORE I	DELETE	6.1 T	ITLE		Change Addition
NAME		_	6.2 N	IAME		
	1			TOEET ADDDESS	I	

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.

SIGNATURE:

CITY-ST-ZIP