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

Mailing Address

13149 N DALE MABRY

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90060 045 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000029171**1. Corporation Name

Principal Place of Business 13149 N DALE MABRY

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CRUISE WORLD, INC.

STE 701 TAMPA FL 33618 US		STE 701 TAMPA FL 33618 US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					03/28/1997		
2. Principal Place of Business 2a. Mailing Address			_ "-		4. FEI Number	App	olied For
26		26			59-3443964		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		27	<u> </u>			Fee Rec	<u> </u>
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	
23		28	- L		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	- ` <del></del>		8. This corporation owes the current year Int		∐No
24	25	29 30	0		Personal Property Tax.  10. Name and Address of New Registered Agent		
	9. Name and Address of Currer	nt Registered Agent	81	Name	To. Name and Address of New Registered	- your	
ZOLLER, YVONNE S. 13149 N DALE MABRY							
			82	Street Add	lress (P.O. Box Number is Not Acceptable)		
#701			83		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	HP . 1 . 7 . 2011	31111111111
#701 TAMPA FL 33618			03		1400年前,1900年1900年		物物制
I VIVII	FA FE 33010		84	City	EI	85 Zip C	ode
		1007 4500 Fly ide Clab Ass	A6	nomed cor	poration submits this statement for the purpose of	changing its	registered
					ion's board of directors. I hereby accept the appoi	ntment as reg	istered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	la Statutes				
SIGNATURE		AIOTE P	aniatomal Ages	d eignatura raquin	ed when reinstating) DATE		
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	it signistate require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		[9-8) \$00.54	☐ Change	Addition
NAME	ZOLLER, YVONNE SUSAN		1.2 NAME				
STREET ADDRESS	1772 S EAGLE LANE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	LUTZ FL 33549		1.4 CITY-S	T-ZIP	*	·	
TITLE	ST ST	☐ DELETE	2.1 TITLE		,	☐ Change	☐ Addition
NAME	LUPO, WILLIAM M.		2.2 NAME				
STREET ADDRESS	9125 CYPRESS KEEP LANE		2.3 STREE	TADORESS			
CITY-ST-ZIP	ODESSA FL 33556		2. 4 CITY-5	ST-ZIP	A STATE OF THE STA		
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	•		3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS	The state of the s	Jagan Bar	32 845
CiTY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		A Company of the Company of the Company	☐ Change	Addition
NAME		_	4. 2 NAME				
STREET ADDRESS		•	4.3 STREE	T ADDRESS		•	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		<u> </u>	
TITLE		☐ DELETE	5.1 TITLE		•	Change	Addition
NAME			5.2 NAME		San Age		
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY- 9	T-ZIP	CONTRACTOR OF THE SECOND		
TITL C		□ DELETE	6.1 TITLE			Change	☐ Addition

6.3 STREET ADDRESS

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, with all other like empowered.