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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000079797 (1)

1. Corporation Name

NEW HORIZONS CRUISES, INC.

Principal Place of Business

5975 SUNSET DR PH 802
SOUTH MIAMI FL 33143

Mailing Address

5975 SUNSET DR PH 802
SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1997

4. FEI Number

65-0785433

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 17994 S.W. 97th Ave

Suite, Apt. #, etc.

2a. Mailing Address

26 17994 S.W. 97th Ave

Suite, Apt. #, etc.

City & State

23 miami, fl

Zip

24 33157

Country

City & State

28 miami, fl

Zip

29 33157

Country

9. Name and Address of Current Registered Agent

HOFFMAN, ROBERT M
5975 SUNSET DR PH 802
SOUTH MIAMI FL 33143

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SUMMERS, JEROME
STREET ADDRESS 17994 SW 97 AVE
CITY-ST-ZIP MIAMI FL 33157

TITLE D
NAME MCLELLAN, LISA
STREET ADDRESS 17994 SW 97 AVE
CITY-ST-ZIP MIAMI FL 33157

TITLE D
NAME ELLIOTT, JUDITH
STREET ADDRESS 17994 SW 97 AVE
CITY-ST-ZIP MIAMI FL 33157

TITLE D
NAME WOOD, CHRISTOPHER
STREET ADDRESS 17994 SW 97 AVE
CITY-ST-ZIP MIAMI FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
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.

SIGNATURE:

Lisa M. Mclellan

4/22/98 (205) 232-7769

CR2E034 (10/97)