


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).

0024616

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000037510		
1. Corporation Name OUT TO SEA CRUISES, INC.		
Principal Place of Business 1701 N 49TH AVE HOLLYWOOD FL 33021	Mailing Address 1701 N 49TH AVE HOLLYWOOD FL 33021	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 11 AM 9:10



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/23/1998	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0835540	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SALERNO, ANTHONY 1701 N 49TH AVE HOLLYWOOD FL 33021				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT, TREASURER <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY SALERNO	1.2 NAME	10000302431--2
STREET ADDRESS	1701 N. 49TH AVE	1.3 STREET ADDRESS	-10/25/99--01135--004
CITY-ST-ZIP	HOLLYWOOD, FL 33021	1.4 CITY-ST-ZIP	***150.00 ***150.00
TITLE	VICE PRESIDENT, SECRETARY <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNNY SALERNO	2.2 NAME	
STREET ADDRESS	1701 N. 49TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Anthony Salerno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (5/99)

**OUT TO SEA CRUISES INC.
1701 N. 49TH AVE
Hollywood, Florida 33021
954-894-9070**

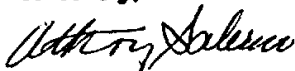
September 27, 1999

**Florida Department of State
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500**

Dear Sir or Madam,

Regarding Document # P98000037510, I am requesting a one-time waiver from the late fee for this year. We did not receive the filing report through the mail, and wrongly assumed our accountant had taken care of it. Per the telephone conversation ^{on 9/27} with someone in your office we were granted a one time late fee waiver. Please accept the enclosed check from Out to Sea Cruises, Inc. for \$150.00 with our apologies and our thanks for your understanding.

Sincerely,



**Anthony Salerno
President, Out to Sea Cruises, Inc.**

AN AUTHORIZED AGENCY FOR THE WORLDS MAJOR CRUISE LINES