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

PROFIT Feb 10 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0) CRUISE ADVENTURES, INC. Principal Place of Business Mailing Address 555 BLANDING BLVD. 555 BLANDING BLVD. **ORANGE PARK FL 32073 ORANGE PARK FL 32073** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/08/1991 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 59-3074183 Suite, Apt. #. etc. Suite Apl # etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MONROE, KAREN 1321 RUSHING DRIVE **B2** Street Address (P.O. Box Number is Not Acceptable) **ORANGE PARK FL 32065** 83 84 City 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. Lam familiar with and accept the obligations of, Section 607.0505, Uprida Statutes. SIGNATURE 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 THILE Change ___ Addition MONROE, KAREN NAME 1.2 NAME 1321 RUSHING DR STREET ADDRESS 1.3 STREET ADDRESS **ORANGE PARK FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE ☐ Change Addition MONROE, DENNIS NAME 22 NAME 1321 RUSHING DRIVE STREET ADORESS 23 STREET ADDRESS **ORANGE PARK FL** CITY-S1-ZIP 2. 4 CITY-ST-ZIP THE LETE TITLE 3 1 TILLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - St - ZiP DELETE TITLE 61 TITLE Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST- ZIP 14. Thereby 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 frue 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

officer or director of the corporation or the receiver or trustee empower Block 12 or Block 13 if changed, or on an attachment with an address

FILED