# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 6:45
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S83893 (5)

1. Corporation Name
1 800 CRUISES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5030 CHAMPION BLVD<br>G12<br>BOCA RATON FL 33496 | 5030 CHAMPION BLVD<br>G12<br>BOCA RATON FL 33496 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1991
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business
21 3900 Woodlake Blvd.
Suite, Apt. #, etc.
22 #207
City & State
23 Lake Worth, FL
Zip 24 33463 County 25 USA

2a. Mailing Address
26 3900 Woodlake Blvd.
Suite, Apt. #, etc.
27 #207
City & State
28 Lake Worth, FL
Zip 29 33463 County 30 USA

4. FEI Number: 65-0427685 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CASSIDY, JAMES
C/O THE TRAVEL DEPT.
5030 CHAMPION BLVD G12
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

61 Name: James Cassidy
62 Street Address (P.O. Box Number is Not Acceptable): 1-800-CRUISES, INC.
63: 3900 Woodlake Blvd
64 City: Lake Worth, FL 65 FL Zip Code: 33463

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: James Cassidy - JAMES CASSIDY  DATE: 4/30/95
(Signature, typed or printed name of registering agent, and title if applicable) NOTE: Registered Agent signature required when necessary

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 11 TITLE | P ☐ Change ☐ Addition |
| NAME | CASSIDY, JAMES | 12 NAME | Cassidy, James |
| STREET ADDRESS | 5030 CHAMPION BLVD G12 | 13 STREET ADDRESS | 3900 Woodlake Blvd. #207 |
| CITY ST ZIP | BOCA RATON FL | 14 CITY ST ZIP | Lake Worth, FL 33463 |
| TITLE | | 21 TITLE | V ☐ Change XX Addition |
| NAME | | 22 NAME | Ader, Robin D. |
| STREET ADDRESS | | 23 STREET ADDRESS | 3900 Woodlake Blvd. #207 |
| CITY ST ZIP | | 24 CITY ST ZIP | Lake Worth, FL 33463 |
| TITLE | | 31 TITLE | V ☐ Change XX Addition |
| NAME | | 32 NAME | Patrick, Michael G |
| STREET ADDRESS | | 33 STREET ADDRESS | 3900 Woodlake Blvd. #207 |
| CITY ST ZIP | | 34 CITY ST ZIP | Lake Worth, FL 33463 |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | 500001485875 |
| STREET ADDRESS | | 43 STREET ADDRESS | -05/12/95--01058--009 |
| CITY ST ZIP | | 44 CITY ST ZIP | ****200.00 ****200.00 |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | CH |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: James Cassidy - JAMES CASSIDY  4/30/95  407-964-5080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #

0280065 CP