

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S83893 (5)

1. Corporation Name

1 800 CRUISES, INC.



Principal Place of Business

Mailing Address

3900 WOODLAKE BLVD.
#207
LAKE WORTH FL 33463

3900 WOODLAKE BLVD.
#207
LAKE WORTH FL 33463

3. Date Incorporated or Qualified
09/27/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 5030 CHAMPION BLVD.

26 5030 CHAMPION BLVD.

Suite, Apt. #, etc

Suite, Apt. #, etc

22 G-267

27 G-267

City & State

City & State

23 BOCA RATON, FL.

28 BOCA RATON, FL.

Zip

Country

Zip

Country

24 33496

25 U.S.A.

29 33496

30 U.S.A.

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

10. Name and Address of New Registered Agent

CASSIDY, JAMES
3900 WOODLAKE BLVD.
LAKE WORTH FL 33463

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

5030 CHAMPION BLVD. G-267

83

84 City

BOCA RATON,

FL

85 Zip Code

33496

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, PRES.

7/23/96

Signature, typed or printed name of registered agent and the corporation

(If not, Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME P
CASSIDY, JAMES
STREET ADDRESS 3900 WOODLAKE BLVD. #207
CITY-ST-ZIP LAKE WORTH FL 33463

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

5030 CHAMPION BLVD. G-267
BOCA RATON, FL. 33496

☒ Change ☐ Addition

TITLE ☐ DELETE
NAME V
ADER, ROBIN D
STREET ADDRESS 3900 WOODLAKE BLVD.
CITY-ST-ZIP LAKE WORTH FL 33463

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

2814 NEW SPRING ROAD STE 118
ATLANTA, GA. 30339

☒ Change ☐ Addition

TITLE ☐ DELETE
NAME V
PATRICK, MICHAEL G
STREET ADDRESS 3900 WOODLAKE BLVD. @207
CITY-ST-ZIP LAKE WORTH FL 33463

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4783 WIGGINS ROAD
LAKE WORTH, FL. 33463

☒ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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 617, 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

7/23/96

407-994-3370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display Phone #

CR2E034 (3/96)