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 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S86816** **(3)**

1. Entity Name
CRUISES UNLIMITED TRAVEL/TOURS, INC.

Principal Office Address
7520 NW 5 ST
SUITE 201
PLANTATION FL 33317

Mailing Address
7520 NW 5 ST
SUITE 201
PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/11/1991**
3a. Date of Last Report: **01/27/1994**

2. Business Phone Number
21

2a. Mailing Address
26

4. FEI Number: **65-0339246** ☐ Applied For ☐ Not Applicable

Suite, Apt. # etc.
22

Suite, Apt. # etc.
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

ZIP 24 County 25

ZIP 29 County 30

8. This corporation has validly elected to be taxed as an S corporation under § 1362 of Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCOLA, ELAINE
2509 SW 73RD TER
PLANTATION FL 33317

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 Section 607.0505 and 607.1508, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95
P SCOLA, ELAINE 2509 SW 73 TER DAVIE FL	☐ Change ☐ Addition
V SCOLA, JAMES 2509 SW 73 TERR DAVIE FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is substantially complete. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an asterisk.

SIGNATURE Elaine Scola 4/27/95 (305) 587-7477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0226467 CP