


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

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May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S86816 (3) 1. Corporation Name CRUISES UNLIMITED TRAVEL/TOURS, INC.					
Principal Place of Business 1520 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					
2. Principal Place of Business 21 8930 State Rd. 84 Suite, Apt. #, etc. 22 #312 City & State 23 Davie, FL Zip 24 33324		2a. Mailing Address 26 8930 State Rd. 84 Suite, Apt. #, etc. 27 #312 City & State 28 Davie, FL Zip 29 33324		3. Date Incorporated or Qualified 10/11/1991 4. FEI Number 65-0339246 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 TITLE P NAME SCOLA, ELAINE STREET ADDRESS 2509 SW 73 TER CITY-ST-ZIP DAVIE FL TITLE NAME SCOLA, JAMES STREET ADDRESS 2509 SW 73 TERR CITY-ST-ZIP DAVIE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

ELAINE SCOLA

4/22/98 (P) 58-7477

CR2E034 (10/97)