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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S86816

(3)

CRUISES UNLIMITED TRAVEL/TOURS, INC.

FILED
May 06 1998 8:00am
Secretary of State

Principal place \$520 MW 5 S SUITE 201 POINTATION	π ^{−0}	Mailing Address 7500 NW 5 ST SUITE 201 PLANTATION FL 33317	· · · · · · · · · · · · · · · · · · ·			DO NOT WRITE IN THIS: 3. Date Incorporated or Qualified 10/11/1991			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	ł
·	State Rd.84	177 0000 00	26 8930 State Rd.84			65-0339246	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27 #312	T #212			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	0	City & State				6. Election Campaign Financing	\$5.0	O May Be	
	le, FL	28 Davie, FL				Trust Fund Contribution		d to Fees	
Zip 24 3332	Country 24 25 USA	^{Ζip} 33324	30 L	ntry ISA		8, This corporation owes or has paid the cur Personal Property Tax due June 30.		ntangible No	
	9. Name and Address of Curre	nt Registered Agent		-41		10. Name and Address of New Registered	Agent		ļ
	OLA, ELAINE			81	Name			ļ	
	9 SW 73RD TER			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			1
PU	ANTATION FL 33317			83					
				00					
				84	City	FI	85 Zis	o Code	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli-	c of Florida. Such change was	authorized	d by	the corporati	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changing ointment a	its registered is registered	
SIGNATURE		, ,							
	Signature, typed or printed name of registered a			Agen	l signature require	red when reinstaling) DATE			6
12.	OFFICERS A	ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO Change	ORS IN 12	(10/97)
TITLE NAME	SCOLA, ELAINE	☐ otr€ie	1.1 11			·	E-1 criange		
STREET ADDRESS	2509 SW 73 TER		1.2 NAME 1.3 STREE		nnocce			ļ	용
CITY+ST-ZIP	DAVIE FL		1.4 01						20F034
TITLE		■ DELETE 2.1 III					Change		ӧ
NAME	SCOLA JAMES 2509, SW 73 TERR			ME					ĺ
STREET ADDRESS				REET A	ADDRESS			İ	
CITY-ST-ZIP	DAYE PL	2.			r-zip				
TITLE	_ /	DELETE 3.11					Change	☐ Addition	ĺ
NAME			3.2 NA						
STREET ADDRESS					ADDRESS				ŀ
CITY-ST-ZIP TITLE		DELETE	3.4. CI 4.1 TI		1-2IP		Change	Addition	
NAME	•	beter	4.1 JI			•	Ondrigo	L Addition	
STREET ADDRESS					NOORESS (
CITY-ST-ZIP			4.4 CI						
TITLE		DELETE	5.1 Til				Change	Addition	İ
NAME			5 2 NA	ME					İ
STREET ADDRESS			5.3 ST	REET A	Address				
CITY-ST-ZIP		······································	5.4 CI	Y-ST	- ZIP				ļ
TITLE		DELETE 6.11					Change	☐ Addition	l
NAME			6.2 NA						
STREET ADDRESS			•		NDDRESS				
CITY-ST-ZIP	partify that the information supplied	with this filing does not qualify:	6.4 CI			Section 119.07(3)(i), Florida Statutes. I further ce	rtify that 41	a information	
indicated	on this annual report or supplied	tel annual report is true and ac	curate and	thai	t my signatur	re shall have the same legal effect as if made un	der oath: I	hat I am an	ı

Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation of 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 option attachment with an address.

SIGNATURE:

Elani Sasla

4/28/82 (97957-7477