7 Seas Cruise Agency
Villa Springs Village
5681 Red Bug Lake Road
Winter Springs, FL 32708-5058
407-699-3000 FAX 407-699-4205 1-800-654-6304

S89347

September 2, 1997

Florida Department of State
Annual Reports Filings
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Gentlemen:

Effective October 1, 1997 our travel agency will move to our "home base" location

708 Sybilwood Circle
Winter Springs
FL 32708

Sincerely

James W. Slack

ICS 9/4

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # S89347 (6)

1. Corporation Name
SEVEN SEAS CRUISE, INC.

Principal Place of Business
5681 RED BUG LAKE RD.
WINTER SPRINGS FL 32708-5058

Mailing Address
5681 RED BUG LAKE RD.
WINTER SPRINGS FL 32708-5058

Change of location & address - see attached letter

3. Date Incorporated or Qualified: 10/23/1991
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 59-3091068
☐ Applied F
☐ Not Appl

5. Certificate of Status Desired ☐ $8.75 Additior Fee Required

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

8. This corporation has liability for intangible tax under s. 199 0. Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SLADE, JAMES W.
708 SYBILWOOD CIR.
WINTER SPRINGS FL 32708

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 regist 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 registe agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SLADE, JAMES W.
STREET ADDRESS 708 SYBILWOOD CIRCLE
CITY ST ZIP WINTER SPRINGS FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ DELETE

TITLE
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NAME
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CITY ST ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
☐ Change ☐ A

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

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

VS 9/4

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

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP
☐ Change ☐ A

14. I do hereby certify that the information supplied with this filing 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; 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.