

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S97378**

(1)

1. Corporation Name

NEKTON ADVENTURE CRUISES, INC.

Principal Place of Business

**1057 SE 17 ST
SUITE 202
FT LAUDERDALE FL 33316**

Mailing Address

**1057 SE 17 ST
SUITE 202
FT LAUDERDALE FL 33316**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

**DIXON, JOHN D.
1057 SE 17 ST
SUITE 202
FT LAUDERDALE FL 33316**

3. Date Incorporated or Qualified

12/03/1991

3a. Date of Last Report

07/29/1994

4. FEI Number

65-0444701 65-0309298

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

DO NOT WRITE IN THIS SPACE.

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 transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PV

**DIXON, JOHN D.
1057 SE 17TH ST. STE 202
FT. LAUDERDALE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CT

**ZINK, GREGORY L
P. O. BOX 3080 N/A
BOYNTON BCH. FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

**HERRMAN, PETER C
2420 SE 17TH ST., #205C
FT. LAUDERDALE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

**OETZMAN, LYNN A
900 RIVER REACH DR., #511
FT. LAUDERDALE FL**

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

CPT

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**Delete
Zink, Gregory**

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**Delete
Herrman, Peter**

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**Delete
Oetzman, Lynn**

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John Dixon, President

4/12/95 (305)463-9324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number