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May 05 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 # V60461   (3)

1. Corporation Name

A.S.A.P. CRUISES, INCORPORATED

Principal Place of Business	Mailing Address
8030 PHILLIPS HWY. SUITE 13 JACKSONVILLE FL 32256	8030 PHILLIPS HWY. SUITE 13 JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/27/1992

2. Principal Place of Business `21`	**2a.** Mailing Address `26`	**4.** FEI Number **59-3138356** / 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`	Country `25`	Zip `29`	Country `30`	**8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SAPP, MICHAEL P.A. 50 LAURA STREET 3100 BARNETT BANK BLDG JACKSONVILLE FL 32202	81 Name Brant, Moore, Macdonald & Wells, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 50 North Laura Street, Suite 3100 83 84 City Jacksonville FL 85 Zip Code 32202

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 _Scott L. R._   Vice Pre.   4/28/98

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PD** / ☒ DELETE NAME **ELLIOTT, TODD** STREET ADDRESS **2172 DEER RUN TRAIL** CITY-ST-ZIP **JACKSONVILLE FL**	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE **VD** / ☐ DELETE NAME **MURACA, SAM** STREET ADDRESS **12660 BRADY ROAD** CITY-ST-ZIP **JACKSONVILLE FL**	2.1 TITLE **VSD** 2.2 NAME **Muraca, Sam** 2.3 STREET ADDRESS **12660 Brady Road** 2.4 CITY-ST-ZIP **Jacksonville, FL**		☒ Change ☐ Addition
TITLE **CD** / ☐ DELETE NAME **BURT, GEORGE** STREET ADDRESS **15400 WINDCHESTER BLVD** CITY-ST-ZIP **LOS GATOS CA**	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE **T** / ☐ DELETE NAME **MURACA, SHERYL** STREET ADDRESS **12660 BRADY ROAD** CITY-ST-ZIP **JACKSONVILLE FL**	4.1 TITLE **PD** 4.2 NAME **Muraca, Sheryl** 4.3 STREET ADDRESS **12660 Brady Road** 4.4 CITY-ST-ZIP **Jacksonville, FL**		☒ Change ☐ Addition
TITLE / ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I 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; 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.

CR2E034 (10/97)