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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

1996

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ON LII	NE CRUISES & TOURS, I	NC.						
Principal Place of Business Mailing Address							1651 DIQUI BBI	
4481 CASPER COURT HOLLYWOOD FL 33021		4481 CASPER COURT HOLLYWOOD FL 33021						
					3. Date Incorporated or Qualified			port
B · · · · · · · · · · · · · · · · · · ·		2a, Mailing Address			04/25/1995 4. FEI Number	583342	. Τ ΤΔ	polied For
, Principal Plac	De of Business	26. Walling Address			Applied 1	TR		lot Applicable
Suite, Apt. #,	, etc.	Suife, Apt. #, etc.			5, Certificate of Status Desired		\$8.75	Additional
		27	.,		3. Certificate of Creates Desired			Required
City & State		City & Stafe			Election Campaign Financing     Trust Fund Contribution			May Be I to Fees
Zip	Country	<b>28</b>	Count	ry	8. This corporation has liability fo	r intang ble tax		
	25	29	30	•	Florida Statutes	is 🔀 No		
	g. Name and Address of Curre	ent Registered Agent			10. Name and Address of New	Registered A	gent	
			8	I1 Name				
POWELL, NANCY 4481 CASPER COURT				Street Add	dress (P.O. Box Number is Not Acceptable)			
				13				
HOLLY	WOOD FL 33021		Ľ					
			8	City		FL	<b>85</b> Zip	Code
		ction 607.0505, Florida Stalub	45.					
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roo nereby centry that the information supplied with this ling is vocariably termined and does not quality to the exemption stated in control of 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 13/11 managed, or on an attackment with an address.

SIGNATURE: \_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Ff cirk #

Date

CR2E034 (12/95)