


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

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P95000049307 (8)**

1. Corporation Name

**JOLI TOUR CRUISES, INC.**

Principal Place of Business

**3201 S.W. 34TH AVENUE  
SUITE 203  
OCALA FL 34474**

Mailing Address

**3201 S.W. 34TH AVENUE  
SUITE 203  
OCALA FL 34474-7423**



2. Principal Place of Business	2a. Mailing Address
21 <b>3300 S.W. 34th Ave.</b>	26 <b>3300 S.W. 34th Ave</b>
22 <b>Suite 160 #4</b>	27 <b>Suite 160 #4</b>
23 <b>Ocala FL</b>	28 <b>OCALA FL</b>
24 <b>34474</b>	29 <b>34474</b>
25 <b>Marion</b>	30 <b>Marion</b>

3. Date Incorporated or Qualified <b>06/20/1995</b>	3a. Date of Last Report <b>07/05/1996</b>
4. FEI Number <b>59-3220291</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COLEMAN, DEWIGHT  
3201 S.W. 34TH AVENUE  
SUITE 203  
OCALA FL 34474**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>DVT</b>
NAME	<b>COLEMAN, DWIGHT</b>
STREET ADDRESS	<b>3201 S.W. 34TH AVENUE</b>
CITY-ST-ZIP	<b>OCALA FL 34474</b>
TITLE	<b>DPS</b>
NAME	<b>COLEMAN, ANGELYN</b>
STREET ADDRESS	<b>3201 S.W. 34TH AVENUE</b>
CITY-ST-ZIP	<b>OCALA FL 34474</b>
TITLE	<b>D</b>
NAME	<b>DEWESE, TERESA</b>
STREET ADDRESS	<b>1919 S.W. 35TH AVENUE</b>
CITY-ST-ZIP	<b>OCALA FL 34474</b>
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1917 SW 35th Ave</b>
1.4 CITY-ST-ZIP	<b>Ocala, FL 34474</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>1917 SW 35th Ave</b>
2.4 CITY-ST-ZIP	<b>Ocala, FL 34474</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>1917 SW 35th Ave</b>
3.4 CITY-ST-ZIP	<b>Ocala, FL 34474</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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; 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:

**Dewight Coleman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**352-854-8394**

CR2E034 (9/96)