FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **L60463** **(1)**

1. Corporation Name
CAPTAIN MARVEL ENTERPRISES INC.

Principal Place of Business
US HWY. #1 MM 27.5
PO BOX 818
RAMROD KEY FL 33042
US

Mailing Address
%JOHN L. MARVEL
PO BOX 818
SUMMERLAND KEY FL 33042-7818

3. Date Incorporated or Qualified: 03/28/1990
3a. Date of Last Report: 05/01/1995

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 PO BOX 420818
City & State 28
Zip 29 33042-0818 Country

4. FEI Number: 65-0183509 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

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

9. Name and Address of Current Registered Agent
MARVEL, JOHN L.
MILE MARKER 24, E. CARIBBEAN DRIVE
PO BOX 28
SUMMERLAND KEY FL 33042

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 607.1506, 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 of corporate officer or other authorized representative — Signature of Registered Agent (required if registered agent is changed) — DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	MARVEL, JOHN L.	
STREET ADDRESS	E CARIBBEAN DR.	
CITY-ST-ZIP	SUMMERLAND KEY FL	
TITLE	ST	☐ DELETE
NAME	MARVEL, DENISE L.	
STREET ADDRESS	E CARIBBEAN DR	
CITY-ST-ZIP	SUMMERLAND KEY FL	
TITLE	V	☑ DELETE
NAME	WHITTAKER, EDWIN A	
STREET ADDRESS	E CARIBBEAN DR	
CITY-ST-ZIP	SUMMERLAND KEY FL	
TITLE	V	☑ DELETE
NAME	WHITTAKER, GAYLE G	
STREET ADDRESS	E CARIBBEAN DR	
CITY-ST-ZIP	SUMMERLAND KEY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	295 Caribbean Dr. E.	
1.4 CITY-ST-ZIP	33042	
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	295 Caribbean Dr. E.	
2.4 CITY-ST-ZIP	33042	
3.1 TITLE	V	☐ Change ☑ Addition
3.2 NAME	Lyons, Douglas M.	
3.3 STREET ADDRESS	521 Blackbeard Road	
3.4 CITY-ST-ZIP	Little Torch Key FL 33042	
4.1 TITLE	V	☐ Change ☑ Addition
4.2 NAME	Lyons, Corinne F.	
4.3 STREET ADDRESS	521 Blackbeard Road	
4.4 CITY-ST-ZIP	Little Torch Key FL 33042	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 L. Marvel — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/10/96 Daytime Phone: 305-745-2927

CR2E034 (12/95)