

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

US HWY. #1 MM 27.5  
PO BOX 818  
RAMROD KEY FL 33042  
US

JOHN L. MARVEL  
P.O. BOX 420818  
SUMMERLAND KEY FL 33042-0818  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/28/1990 3a. Date of Last Report 04/15/1996

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business 22a. Mailing Address  
21 521 Blackbeard Rd 26 521 Blackbeard Rd  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Little Torch Key FL 28 Little Torch Key FL  
Zip Country Zip Country  
24 33042 25 USA 29 33042 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARVEL, JOHN L.  
MILE MARKER 24, E. CARIBBEAN DRIVE  
PO BOX 28  
SUMMERLAND KEY FL 33042

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) 521 Blackbeard Rd na  
83  
84 City Little Torch Key FL 85 Zip Code 33042

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
P	MARVEL, JOHN L.	285 CARIBBEAN DR. E	SUMMERLAND KEY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ST	MARVEL, DENISE L.	E CARIBBEAN DR	SUMMERLAND KEY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
V	LYONS, DOUGLAS M.	521 BLACKBEARD RD.	LITTLE TORCH KEY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
V	LYONS, CORINNE F.	521 BLACKBEARD RD.	LITTLE TORCH KEY FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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

JOHN L. MARVEL

9/15/97 305 872 3180

CR2E034 (4/97)