

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

FILED  
Apr 30 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 # L60463 (1)  
1. Corporation Name  
CAPTAIN MARVEL ENTERPRISES INC.



Principal Place of Business  
521 BLACKBEARD RD  
LITTLE TORCH KEY FL 33042  
US

Mailing Address  
521 BLACKBEARD RD  
LITTLE TORCH KEY FL 33042  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/28/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0183509	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
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 John L. Marvel, President John L. Marvel 4/20/98  
Signature: typed or printed name of registered agent and that it is applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MARVEL, JOHN L.	
STREET ADDRESS	295 CARIBBEAN DR. E	
CITY-ST-ZIP	SUMMERLAND KEY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MARVEL, DENISE L.	
STREET ADDRESS	E CARIBBEAN DR	
CITY-ST-ZIP	SUMMERLAND KEY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LYONS, DOUGLAS M.	
STREET ADDRESS	521 BLACKBEARD RD.	
CITY-ST-ZIP	LITTLE TORCH KEY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LYONS, CORINNE F.	
STREET ADDRESS	521 BLACKBEARD RD.	
CITY-ST-ZIP	LITTLE TORCH KEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	1153 Trail Creek Rd
1.4 CITY-ST-ZIP	Bozeman MT 59715
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1153 Trail Creek Rd
2.4 CITY-ST-ZIP	Bozeman MT 59715
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33042
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	33042
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 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, President John L. Marvel 4/20/98

CR2E034 (10/97)