

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:38

DOCUMENT # **N44886** (2)
1. Corporation Name
FLOTILLA TWO, INC.

Principal Place of Business Mailing Address
601 SEABREEZE BLVD FT LAUDERDALE FL 33316 **601 SEABREEZE BLVD FT LAUDERDALE FL 33316**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/28/1991** 3a. Date of Last Report **03/08/1994**
4. FEI Number **65-0097993** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**MAHON, TIMOTHY K.
2929 E COMMERCIAL BLVD
PENTHOUSE E
FT LAUDERDALE FL 33308**

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 607.1508, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KEMPTHORNE, RICHARD L
STREET ADDRESS	601 SEABREEZE BLVD.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	VD
NAME	CARSTENS, HOWARD
STREET ADDRESS	601 SEABREEZE BLVD.
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	TD
NAME	KLEIN, LOIS
STREET ADDRESS	601 SEABREEZE BLVD
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	SD
NAME	KRAAK, WALTER
STREET ADDRESS	601 SEABREEZE BLVD
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	SIEGEL, IRWIN B.
STREET ADDRESS	601 SEABREEZE BLVD
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	GRODSKY, ALVIN
STREET ADDRESS	601 SEABREEZE BLVD
CITY - ST - ZIP	FT LAUDERDALE FL

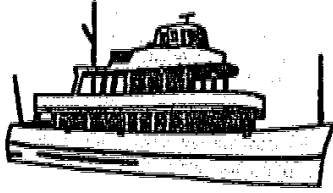
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	

Full enclosed

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 110.07(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 its receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on the instrument with an affidavit.

SIGNATURE: Howard Carstens 18 Jan 1995 (205) 525-7757
DATE: _____ TITLE: _____



FLOTILLA TWO, INC.

A non-profit Corporation

601 Seabreeze Ave., Ft. Lauderdale, FL 33316
(305) 463-0034

OFFICERS FOR 1995

Carstens, Howard 900 River Reach Drive #201 Ft. Lauderdale FL 33315	PD	change
Huber, Charles 1350 River Reach drive #317 Ft Lauderdale FL 33315	VD	change
Klein, Lois 109 Kensington Rd. Hollywood FL 33021	TD	
Hesser, Lois Ann 11922 SW 12th Ct. Davie FL 33325	SD	change
Spoons, James 1180 NW 90th Terr. Pembroke Pines FL 33024	D	change
Moore, Bobby PO Box 39788 Ft. Lauderdale FL 33339-9788	D	change
Evans, Warren 4405 SW 26 Ave. Ft. Lauderdale FL 33300	D	change
Smith, Harold 2215 S Federal Hwy. #14 Ft. Lauderdale FL 33316	D	addition
Kay, Ron 109 Kensington Rd. Hollywood 33021	D	addition