

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N44886 (2)**  
1. Corporation Name  
**FLOTILLA TWO, INC.**



Principal Place of Business <b>601 SEABREEZE BLVD FT LAUDERDALE FL 33316</b>	Mailing Address <b>601 SEABREEZE BLVD FT LAUDERDALE FL 33316</b>
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3. Date Incorporated or Qualified <b>08/28/1991</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>65-0097993</b>		
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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CARSTEN, HOWARD C.</b>	
STREET ADDRESS	<b>601 SEABREEZE BLVD.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>EVANS, WARREN</b>	
STREET ADDRESS	<b>601 SEABREEZE BLVD.</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RUNGO, JOHN</b>	
STREET ADDRESS	<b>601 SEABREEZE BLVD</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILLIAMSON, JOHANN</b>	
STREET ADDRESS	<b>601 SEABREEZE BLVD</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>HESSER, LOIS A.</b>	
STREET ADDRESS	<b>601 SEABREEZE BLVD</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VINCE MAGNOTTA</b>	
STREET ADDRESS	<b>601 SEABREEZE BLVD</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	

**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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Ron Anania</b>
3.3 STREET ADDRESS	<b>10910 SW 10th Ct</b>
3.4 CITY-ST-ZIP	<b>Davie FL 33324</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Norse Blazzard</b>
4.3 STREET ADDRESS	<b>2831 NE 36 St</b>
4.4 CITY-ST-ZIP	<b>Ft Lauderdale FL 33308</b>
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/6/98 (054)575-7157**

CR2E037 (10/97)