FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 AM 8:38

DOCUMENT # 711735 (1)

1. Corporation Name
FLOTILLA SIX, INC.

Principal Place of Business	Mailing Address
1199 N OCEAN BLVD P.O. BOX 1272 BOCA RATON FL 33429	1199 N OCEAN BLVD P.O. BOX 1272 BOCA RATON FL 33429

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1966
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-6194388 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MULLIN, JAMES
2263 NW 2ND AVE. #205
BOCA BOCA RATON FL 33431

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HENDERSON, ROBERT J	1.2 NAME	HENDERSON, ROBERT J.	
STREET ADDRESS	681 BROADVIEW DR	1.3 STREET ADDRESS	681 NE BROADVIEW DR	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON, FLA.33431	
TITLE	DP	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	TUST, ROBERT A.	2.2 NAME	LARSON, JAMES W.	
STREET ADDRESS	4234 WOODS END ROAD	2.3 STREET ADDRESS	3772 LANCEWOOD PLACE	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	~~BOCA RATON, FLA. 33445~~ DELRAY BCH.	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	O'BRIEN, EUGENE R.	3.2 NAME		
STREET ADDRESS	7432 CHABLIS COURT	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	GARDNER, SANDRA L.	4.2 NAME		
STREET ADDRESS	1028 RUSSELL DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BEACH FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Eugene R O'Brien 1/25/94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
EUGENE R. O'BRIEN, SECRETARY-DIRECTOR
Daytime Phone # 407-391-4482

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