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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711735

1. Corporation Name
FLOTILLA SIX, INC.

Principal Place of Business	Mailing Address
~~1199 N OCEAN BLVD~~ ~~P.O. BOX 1272~~ BOCA RATON FL ~~33429~~	~~4199 N OCEAN BLVD~~ P.O. BOX 1272 BOCA RATON FL 33429

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 3939 N. OCEAN BLVD	26 P.O. BOX 1272	11/02/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6194388 ☐ Applied For ☐ Not Applicable
City & State 23 BOCA RATON, FL	City & State 28 BOCA RATON, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33431 25 U.S.A.	Zip / Country 29 33429 30 U.S.A.	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MULLIN, JAMES 2263 NW 2ND AVE. #205 BOCA BOCA RATON FL 33431	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 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 _____ 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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	RICHARD J. CELESTINO		1.2 NAME	ROGER P. LANG	
STREET ADDRESS	1398 S.W. 5TH ST.		1.3 STREET ADDRESS	1022 RUSSELL DR	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
TITLE	VPD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROGER P. LANG		2.2 NAME		
STREET ADDRESS	1022 RUSSELL DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BCH. FL 33487		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT A. TUST		3.2 NAME		
STREET ADDRESS	2717 FLORIDA BLVD. #424		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	VPD	☐ Change ☒ Addition
NAME			4.2 NAME	PAUL CHIMES	
STREET ADDRESS			4.3 STREET ADDRESS	800 E. JEFFREY ST. #310	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE		☐ DELETE	5.1 TITLE	SD	☐ Change ☒ Addition
NAME			5.2 NAME	NELL CHIMES	
STREET ADDRESS			5.3 STREET ADDRESS	800 E. JEFFREY ST. #310	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE		☐ DELETE	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 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, with all other like empowered.

SIGNATURE: ROBERT A. TUST SIGNATURE REQUIRED A. Tust 1/12/99 (561) 279-2428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)