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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725688** (6)

1. Corporation Name
FLOTILLA 44, INCORPORATED



Principal Place of Business	Mailing Address
C/O W.J. HALL P O BOX 261 ORMOND BCH FL 32175	C/O W.J. HALL P O BOX 261 ORMOND BCH FL 32175-0261

3. Date Incorporated or Qualified 03/01/1973	3a. Date of Last Report 04/03/1996
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2. Principal Place of Business 21 401 So. Beach St. Suite, Apt. #, etc. AUXILIARY BUILDING 22 U.S.C.G. City & State 23 DAYTONA BEACH, FL Zip 24 32114	2a. Mailing Address 26 U.S.C.G. Suite, Apt. #, etc. 27 DAYTONA BEACH, FL City & State 28 32114 Zip 29 USA Country	4. FEI Number 23-7346875 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent HALL, W. JAMES 58 CARROLWOOD CR ORMOND BCH FL 32175	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
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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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MABRY, EUGENIE G	1.2 NAME	T HALL, W - JAMES
STREET ADDRESS	5 RIVERDALE DR.	1.3 STREET ADDRESS	P.O. Box 261
CITY-ST-ZIP	ORMOND BEACH FL 32174	1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32175
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, STUART A	2.2 NAME	S McLELLAN, VIVIAN
STREET ADDRESS	134 BELLEWOOD AVE.	2.3 STREET ADDRESS	935 NO. HALIFAX AVE
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	2.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TESTON, KARIN L	3.2 NAME	
STREET ADDRESS	P.O. BOX 291031 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ORANGE FL 32129	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUM, GERALD E	4.2 NAME	
STREET ADDRESS	1244 S. PENINSULA DR., #118	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIES, EDWIN R JR	5.2 NAME	
STREET ADDRESS	P.O. BOX 771 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32175	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASMUSSEN, AUTHOR W	6.2 NAME	
STREET ADDRESS	1016 DILLON CIR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	6.4 CITY-ST-ZIP	

14. I do 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: W. James Hall 4/12/97 672-4512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0003467

CR2E037 (9/96)