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May 08 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738163 (5)

1. Corporation Name

ADMIRALS OF THE FLEET OF FLORIDA, INC.

Principal Place of Business

Mailing Address

261 S.W. 6TH ST.
SUITE 204
MIAMI FL 33130
USP. O. BOX 015175
MIAMI FL 33101-5175
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRIGGS, RICHARD E.
1700 N.W. N. RIVER DR.
MIAMI FL 33125

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

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 D ☐ DELETE
NAME NORTHUP, ANNE M
STREET ADDRESS 4 SEXTON WAY
CITY-ST-ZIP KEY LARGO FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VT ☐ DELETE
NAME CAVAGNARO, GEORGE
STREET ADDRESS 10801 SW 67 AVE
CITY-ST-ZIP MIAMI FL 331562.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE ~~R~~ ☒ DELETE
NAME ~~LASHAR, JR. W~~
STREET ADDRESS ~~400 ARVIDA PARKWAY~~
CITY-ST-ZIP ~~CORAL GABLES FL~~3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME MARCUS, RICHARD S
STREET ADDRESS 4000 NW 30 AVE.
CITY-ST-ZIP MIAMI FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ~~VP~~ ☐ DELETE
NAME STEIN, DOROTHY
STREET ADDRESS 1149 GREENWAY DR
CITY-ST-ZIP CORAL GABLES FL 331345.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ~~VP~~ ☐ DELETE
NAME SKOP, RICHARD
STREET ADDRESS 1107 ASTURIA AVE
CITY-ST-ZIP CORAL GABLES FL 331346.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(l), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028070

CP2E037 (9/96)