SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 756961 (9)

1. Corporation Name
THE ADMIRALTY, INC.

Principal Place of Business	Mailing Address
~~2515 B. BAY BLVD~~ INDIAN ROCKS BEACH FL 34635 US	~~2515 B. BAY BLVD~~ INDIAN ROCKS BEACH FL 34635 US

3. Date Incorporated or Qualified: 03/26/1981
3a. Date of Last Report: 06/21/1995

2. Principal Place of Business	2a. Mailing Address
21 2515 Bay Blvd #C	26 c/o Tropical Isles Realty
Suite, Apt. #, etc. 22 Indian Rocks Beach, FL	Suite, Apt. #, etc. 27 2117 Gulf Blvd
City & State 23	City & State 28 Indian Rocks Beach FL
Zip 24 33785 Country 25 US	Zip 29 33785 Country 30 US

4. FEI Number: 59-2100836 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

~~DUKES, M. JANE~~
~~2515 B. BAY BOULEVARD~~
~~INDIAN ROCKS BEACH FL 34635~~

10. Name and Address of New Registered Agent

81 Name: Leif Oskarsson
82 Street Address (P.O. Box Number is Not Acceptable): 2515 Bay Blvd Unit C
83: Indian Rocks Beach, FL
84 City: FL 85 Zip Code: 33785

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 _____ 6-12-96
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	~~PDT~~	☑ DELETE	1.1 TITLE	President-Director	☑ Change ☐ Addition
NAME	~~DUKES, M. JANE~~		1.2 NAME	Leif Oskarsson	
STREET ADDRESS	~~2515 B. BAY BOULEVARD~~		1.3 STREET ADDRESS	2515 Bay Blvd unit C	
CITY-ST-ZIP	~~INDIAN ROCKS BEACH FL~~		1.4 CITY-ST-ZIP	Indian Rocks Beach, Fl 33785	
TITLE	~~VDS~~	☑ DELETE	2.1 TITLE	secretARY-Director	☑ Change ☐ Addition
NAME	~~DUKES, RANDY~~		2.2 NAME	Judie McLean	
STREET ADDRESS	~~2515 B BAY BLVD~~		2.3 STREET ADDRESS	115 4th Ave #501	
CITY-ST-ZIP	~~INDIAN ROCKS BCH FL~~		2.4 CITY-ST-ZIP	Indian Rocks Beach FL 33785	
TITLE	~~D~~	☑ DELETE	3.1 TITLE	treasurer - Director	☑ Change ☐ Addition
NAME	~~DUKES, RANDY~~		3.2 NAME	Jill Poorman	
STREET ADDRESS	~~2515 B BAY BLVD~~		3.3 STREET ADDRESS	2511 B Bay Blvd 33785	
CITY-ST-ZIP	~~INDIAN ROCKS BCH FL~~		3.4 CITY-ST-ZIP	Indian Rocks Beach FL.	
TITLE	~~VD~~	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~MARSHLACK, DANE~~		4.2 NAME		
STREET ADDRESS	~~2515 C BAY BLVD~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~INDIAN ROCKS BEACH FL~~		4.4 CITY-ST-ZIP		
TITLE	~~D~~	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	~~POORMAN, BETTY~~		5.2 NAME		
STREET ADDRESS	~~2511 B BAY BLVD~~		5.3 STREET ADDRESS		
CITY-ST-ZIP	~~INDIAN ROCKS BEAHC FL~~		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	200001896042	
STREET ADDRESS			6.3 STREET ADDRESS	-07/17/96--01020--037	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25	7/16 JL

CR2E037 (3/96)

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)(k), 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: _____ 6-12-96 813-536-0755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #