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

APPROVED AND FILED

95 APR 27 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762347 (3)

1. Corporation Name

SHIP 307, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% ROBERT WORTHMAN 7677 COURTYARD RUN WEST BOCA RATON FL 33433	% ROBERT WORTHMAN 7677 COURTYARD RUN WEST BOCA RATON FL 33433

3. Date Incorporated or Qualified: 03/09/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2198276 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEASOR (JOHN E.) 726 SOUTH LAKE AVENUE DELRAY BEACH, 33483	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	SD	1.1 TITLE	T/D	☐ Change ☒ Addition
NAME	WYNAN, NANCY	1.2 NAME	STROMBERG, CHRISTINA	
STREET ADDRESS	1399 SW 17TH ST	1.3 STREET ADDRESS	9596 LANCASTER PL	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	PD	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	AMENO, JAY	2.2 NAME		
STREET ADDRESS	2015 SHARON ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	LEASOR, JOHN	3.2 NAME		
STREET ADDRESS	726 SOUTH LAKE AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	P/D	☐ Change ☒ Addition
NAME	WORTHMAN, ROBERT	4.2 NAME		
STREET ADDRESS	7677 COURTYARD RUN WEST	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MURRAY, RICHARD	5.2 NAME		
STREET ADDRESS	575 NW 13TH AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE	S/D	☒ Change ☐ Addition
NAME	GOFF, DAVE	6.2 NAME		
STREET ADDRESS	761 NE MARINE DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 0	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: ROBERT WORTHMAN 4/21/95 305-781-3335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #