

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 762347 (3)  
1. Corporation Name SHIP 307, INC.



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

3. Date Incorporated or Qualified: 03/09/1982  
3a. Date of Last Report: 04/27/1995  
4. FEI Number: 59-2198276  
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

2. Principal Place of Business (21-24) and Mailing Address (2a-26) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: LEASOR (JOHN E.), 726 SOUTH LAKE AVENUE, DELRAY BEACH, 33483  
10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and Zip Code (FL).

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD	NAME: STROMBERG, CHRISTINA	1.1 TITLE: V/D	1.2 NAME: SPRINKEL, DAVID
STREET ADDRESS: 9596 LANCASTER PL	CITY-ST-ZIP: BOCA RATON FL	1.3 STREET ADDRESS: 2958 NW 24TH TER	1.4 CITY-ST-ZIP: BOCA RATON, FL
TITLE: VD	NAME: AMENO, JAY	2.1 TITLE: T/D	2.2 NAME: [Blank]
STREET ADDRESS: 2015 SHARON ST.	CITY-ST-ZIP: BOCA RATON FL	2.3 STREET ADDRESS: [Blank]	2.4 CITY-ST-ZIP: [Blank]
TITLE: D	NAME: LEASOR, JOHN	3.1 TITLE: [Blank]	3.2 NAME: [Blank]
STREET ADDRESS: 726 SOUTH LAKE AVENUE	CITY-ST-ZIP: DELRAY BEACH FL	3.3 STREET ADDRESS: [Blank]	3.4 CITY-ST-ZIP: [Blank]
TITLE: PD	NAME: WORTHMAN, ROBERT	4.1 TITLE: [Blank]	4.2 NAME: [Blank]
STREET ADDRESS: 7677 COURTYARD RUN WEST	CITY-ST-ZIP: BOCA RATON FL	4.3 STREET ADDRESS: [Blank]	4.4 CITY-ST-ZIP: [Blank]
TITLE: D	NAME: MURRAY, RICHARD	5.1 TITLE: [Blank]	5.2 NAME: [Blank]
STREET ADDRESS: 575 NW 13TH AVENUE	CITY-ST-ZIP: BOCA RATON FL	5.3 STREET ADDRESS: [Blank]	5.4 CITY-ST-ZIP: [Blank]
TITLE: SD	NAME: GOFF, DAVE	6.1 TITLE: [Blank]	6.2 NAME: [Blank]
STREET ADDRESS: 761 NE MARINE DR	CITY-ST-ZIP: BOCA RATON, FL 0	6.3 STREET ADDRESS: [Blank]	6.4 CITY-ST-ZIP: [Blank]

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: ROBERT J. WORTHMAN *Robert J. Worthman* 2/10/96 407-367-8606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)