

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified

03/09/1982

4. FEI Number

59-2198276

Applied For
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 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	VD	<input checked="" type="checkbox"/> DELETE
NAME	SPRINKEL, DAVID	
STREET ADDRESS	2958 NW 24TH TERRACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	AMENO, JAY	
STREET ADDRESS	2015 SHARON ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEASOR, JOHN	
STREET ADDRESS	726 SOUTH LAKE AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WORTHMAN, ROBERT	
STREET ADDRESS	7677 COURTYARD RUN WEST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURRAY, RICHARD	
STREET ADDRESS	575 NW 13TH AVENUE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOFF, DAVE	
STREET ADDRESS	761 NE MARINE DR	
CITY-ST-ZIP	BOCA RATON, FL 0	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EKLE, BARRY	
1.3 STREET ADDRESS	480 NE 55 TER	
1.4 CITY-ST-ZIP	MIAMI, FL	
2.1 TITLE	B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	6844 PALMETTO CIR. S. #203	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DUROCHER, DAVID	
3.3 STREET ADDRESS	6844 PALMETTO CIR. S. #203	
3.4 CITY-ST-ZIP	BOCA RATON, FL, 33433	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Robert Worthman* ROBERT WORTHMAN

4/20/98 305-225-3325

CR2E037 (10/97)