

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 20 AM 10: 18

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # 767085 (4)
1. Corporation Name
CAPTAIN'S QUARTERS, INC.

Principal Place of Business Mailing Address
2734 N.E. 14TH STREET 2734 N.E. 14TH STREET
FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/21/1983	3a. Date of Last Report 03/29/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**MILLS, ROBERT C.
2728 NE 14TH STREET
FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

81 Name GREG E. TOWNE
82 Street Address (P.O. Box Number is Not Acceptable) 2728 N.E. 14th STREET
83
84 City FT. LAUDERDALE, FL
85 Zip Code FL 33304

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 GREG E. TOWNE PRES. x *Greg Towne* 8/9/95
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	BATSON, TOD G.	11 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2732 N.E. 14 STREET	12 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	13 STREET ADDRESS	
CITY ST ZIP		14 CITY ST ZIP	
TITLE	TDS	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACMICHAEL, ANITA R.	22 NAME	
STREET ADDRESS	2734 N.E. 14TH STREET	23 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	24 CITY ST ZIP	
TITLE	PD	31 TITLE PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, ROBERT C.	32 NAME GREG E. TOWNE	
STREET ADDRESS	2728 NE 14TH ST.	33 STREET ADDRESS 2728 N.E. 14th ST.	
CITY ST ZIP	FT. LAUDERDALE FL	34 CITY ST ZIP FT. LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	41 TITLE VICE PRESIDENT/DIRECTOR	
NAME	MAYHON, MAURA	42 NAME	
STREET ADDRESS	2730 NE 14TH ST.	43 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL	44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 the 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: **ANITA R. MACMICHAEL** *Anita R. MacMichael* 8/9/95 305 566-5219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)

CR2E037 (3/95)