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Secretary of State

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0036406

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 767085

1. Corporation Name
CAPTAIN'S QUARTERS, INC.

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

Mailing Address
 2734 N.E. 14TH STREET
 FT. LAUDERDALE FL 33304



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/21/1983	
22	City & State	27	City & State	4.	FEI Number	Applied For
	Zip	28	Zip		NOT APPLICABLE	Not Applicable
23	Country	29	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	30	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TOWNE, GREG E. 2728 N.E. 14TH STREET FT. LAUDERDALE FL 33304				81	Name		CHARLES H. MAC MICHAEL
				82	Street Address (P.O. Box Number is Not Acceptable)		2734 NE 14 STREET
				83	City		FT LAUDERDALE
				84	State	FL	85 Zip Code 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: Charles H. MacMichael DATE: 4/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOT E-Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATSON, TOD G.	1.2 NAME	
STREET ADDRESS	2732 N.E. 14 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	TDS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACMICHAEL, ANITA R.	2.2 NAME	
STREET ADDRESS	2734 N.E. 14TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOWNE, GREG E.	3.2 NAME	
STREET ADDRESS	2728 NE 14TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYHON, MAURA	4.2 NAME	
STREET ADDRESS	2730 NE 14TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/20/99 DAYTIME PHONE #: 954 566-5219

CR2E037 (11/98)