2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767085

Entity Name: CAPTAIN'S QUARTERS, INC.

Apr 20, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2730 NE 14TH ST FT. LAUDERDALE, FL 33304 **Current Mailing Address: New Mailing Address:** 724 PITTSTON AVE 2730 NE 14TH ST FT. LAUDERDALE, FL 33304 SCRANTON, PA 18505 **FEI Number:** FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAHON, MAURA MAHON, MAURA 2730 NE 14TH STREET 2730 N.É. 14TH ST. FT. LAUDERDALE, FL 33304 FT. LAUDERDALE, FL 33304 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: 04/20/2004 Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

MAYHON, MAURA,

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

SCHEINER, DIANNA

VPD () Change () Addition () Delete ZAFER, RAY Name: Name: Address: 2732 NE 14 STREET Address: City-St-Zip: FORT LAUDERDALE, FL 33304 City-St-Zip: Title: SD () Delete Title: () Change () Addition SWATKOWSKI, NICK Name: Name: Address: 2730 NE 14TH ST Address: City-St-Zip: FORT LAUDERDALE, FL 33304 City-St-Zip: Title: () Delete Title: (X) Change () Addition OZGYIT, OSMAND Name: SCHEINER, GLENN Name: 2728 NE 14TH ST. Address: Address: 2734 NE 14TH ST. City-St-Zip: FT. LAUDERDALE, FL 33304 City-St-Zip: FT. LAUDERDALE, FL 33304 Title: PTD () Delete Title: PTD (X) Change () Addition

Address: 2730 NE 14TH ST. Address: 2734 NE 14TH ST. City-St-Zip: FT. LAUDERDALE, FL City-St-Zip: FT. LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

SIGNATURE: MAURA MAHON PD 04/20/2004