


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 JUL 24 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F53303** (6)

1. Corporation Name
CAPTAIN PASSES, INC.

Principal Place of Business

**13711 SHERIDAN ST
FT LAUDERDALE FL 33330**

Mailing Address

**13711 SHERIDAN ST
FT LAUDERDALE FL 33330**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/10/1981	3a. Date of Last Report 03/11/1996
4. FEI Number 59-2139600	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

30 Country

9. Name and Address of Current Registered Agent

**PASSES, BERNARD
12104 PASEO WAY
COOPER CITY FL 33026**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PASSES, BERNARD	
STREET ADDRESS	12104 PASEO WAY	
CITY-ST-ZIP	COOPER CITY FL	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	PASSES, ROBIN	
STREET ADDRESS	12104 PASEO WAY	
CITY-ST-ZIP	COOPER CITY FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	500002252375--2
1.3 STREET ADDRESS	-07/30/97--01050--010
1.4 CITY-ST-ZIP	****173.75 ****173.75

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input 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 do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (4/97)

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CAPTAIN PASSES, INC.
13711 SHERIDAN STREET
FORT LAUDERDALE, FLA. 33330

July 19, 1997

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl., 32314

RE: Fed. I.D.#59-2139600

Dear Sir/Madam:

As per my telephone conversation with your office on July 18th, 1997, I am writing this letter because I mailed the first notice of the Corporate Report on January 3, 1997, with an enclosed company check for \$165.00, check #3557. I purposely mailed the report early in a mailbox with daily pickups. Apparently, since the envelope is pre-addressed and my return address was clearly indicated, your office or the U.S. mail must have misplaced, lost or destroyed my application, since I received a second notice.

Since I checked my records and my original check was never returned, please find a replacement check in the amount of \$165.00, plus \$8.75 for a certificate of status.

Please refile my application immediately. Thank you for your prompt attention in this matter.

Respectfully submitted,



Bernard Passes
President