FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED
1996 AUG 23 PM 3:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F94000005983 (1)**

1. Corporation Name
FLOTSAM LIMITED CORPORATION

Principal Place of Business
% MICHAEL C. SCHAFER
1952 FIELD RD. SUITE B
SARASOTA FL 34231

Mailing Address
% MICHAEL C. SCHAFER
1952 FIELD RD. SUITE B
SARASOTA FL 34231

3. Date Incorporated or Qualified: **11/21/1994**
3a. Date of Last Report: **10/31/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0519154** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KOACH, KRAIG H
240 N. WASHINGTON BLVD
SUITE 470
SARASOTA FL 34236

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FALLA, RUDIGER M FRANCES HOUSE, SIR WILLIAM PL, ST PETER PT GUERNSEY, CHANNEL ISLANDS	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURNS, IAN M FRANCES HOUSE, SIR WILLIAM PL, ST PETER PT GUERNSEY, CHANNEL ISLANDS	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 900001932649 -08/27/96--01073--015 *****200.00 *****200.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARKLIE, JAMES L FRANCES HOUSE, SIR WILLIAM PL, ST PETER PT GUERNSEY, CHANNEL ISLANDS	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FIDSEC LIMITED, FRANCES HOUSE, SIR WILLIAM PL, ST PETER PT GUERNSEY, CHANNEL ISLANDS	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 900001932649 -08/27/96--01073--016 *****25.00 *****25.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is complete, accurate and 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 added, on an attachment with an address.

SCC 8-23-96

SIGNATURE: _____ 4/29/96 (941)951-1005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ian M Burns /Officer