## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

SIGNATURE:

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **FILED** ANNUAL REPORT Secretary of State (BISTO) OF CONFORATIONS May 01 1996 8:00 am 1996 5-1 Secretary of State DOCUMENT # TORTUGAS UNLIMITED, INC. Mailing Address Principal Place of Business 6100 GRIFFIN RD.. SUITE #205 6100 GRIFFIN RD., SUITE #205 DAVIE FL 33314 DAVIE FL 33314 3a. Date of Last Report 3. Date Incorporated or Qualified 01/10/1985 01/31/1995 4 FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2628944 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 **\$5.00** May Be 6. Election Campaign Financing City & State City & State  $\Box$ Trust Fund Contribution Added to Fees 23 28 This corporation has liability to intangible tax under s 199.032, Florida Statutes Country Ζıρ 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LANE, HOWARD Street Address (P.O. Box Number is Not Acceptable) 8105 S.W. 55TH CT 83 DAVIE FL 33314 Zip Code City 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 thriffit Engistered Agent's greature regional when reinstatings Signature, typed or printed hance of registered agent and block apply at a (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 171116 TITLE PD CR2E034 LANE, HOWARD 1.2 NAME NAME 6105 S.W. 55TH COURT 1.3 STREFT ADDRESS STREET ADDRESS FT. LAUDERDALE FL 14 CITY - S1 - ZIP CITY - ST - ZIP Change Addition DELFTE 2 1 TITLE SD TITLE MORE, VICTOR 2.2 NAME NAME 6100 GRIFFIN ROAD, SUITE 205 2.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CHTY-ST-ZIF Addition Change DELETE 3 1 11746 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF ☐ Change Addition DELETE 4 1 TIFLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST- ZiP CITY-ST-ZIP Change Add tion DELETE 5 1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 City - ST-ZIP CITY - ST - ZIF Change Addition DELETE 6 1 THLE THILE 6.2 NAME NAME STREET ADDRESS 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 directornol 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. 4/30/96 (954)791-1442