FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J99693**1. Corporation Name

(0)

CAP'N & THE COWBOY, INC.

FILED Apr 14 1997 8:00am Secretary of State

-			FARF BIRNI DIL	/(

Principal Place			ing Address								
2200 KINGS HV PORT CHARLO	vy Maples leaf plaza TTE fl 33980		KINGS HWY., MAPL CHARLOTTE FL 33		.AZA	١					
							3. Date Incorporated or Qualified 10/30/1987	3a. Dal	e of La B/19 9		oort
2. Princ pal P	lace of Business	2a. N	Mailing Address				4. FEI Number	•	L	Арр	lied For
í		26	26			65-0028256 Not Ap			Applicabl		
Suite Apt.	#. etc	├ ¬	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State	0		City & State			 	6. Election Campaign Financing		\$5.	.00 k	/lay Be
<u>.</u>		28					Trust Fund Contribution				Fees
Zip	Country		ip	Cour	ntry		8. This corporation has liability for it	ntangible	ax unc	lers.	199.032,
4	25	29		30			Florida Statutes	Yes [] No		
<u></u>	9. Name and Address of Cur	rent Registe	red Agent				10. Name and Address of New Reg	Istered A	gent		
WOT	IITZKY, EDWARD L.				81	Name					
	W. MARION AVE.			-	-	Ct-cat field	ress (P.O. Box Number is Not Acceptab	<u>م</u>			
	TE 301				82	Subel Add	ress (r.O. dox humber is not Acceptab	0)			
	ITA GORDA FL 33950			ļ.	83						
1011	IIA GOIDA LE GOOD			L					·		
					84	City		FL	85	Zip C	ode
office or r agent. La	registered agent, or both, in the St am familiar with, and accept the <mark>o</mark> b	ate of Florida digations of, S	i. Such change was Section 607.0505, I	s authorized Florida State	utes	tne corpora 3.	poration submits this statement for the p tion's board of directors. I hereby accep	t the app	intrnei	it eas re	agisteret
s-gnature	Sign dure, typed or printed name of registered	l agent and title if	applicable (N	OTE Registered	Age	int signature requi	ired when rainstating)	DATE			
2.	OFFICERS.	AND DIRECT	ORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	CTORS	IN 12
ITLE	PD		☐ DELETE	1.1 TIT	ΓLE				Cha	nge	Addit
AME	REBOL, RICHARD			1.2 NA	ME						
IREET ADORESS	141 GUAVA			1,3 ST	REET	ADDRESS					
HY-ST ZIP	CHARLOTTE HARBOR FL	33986	5	1.4 CIT	TY - S	T - Z(P					
TILE	TD		DELETE	2.1 11		····			Cha	nge	Addi
IAME	ASHLEY, DONALD W.			2.2 NA	ME						
STREET ADDRESS	P.O. POX 176			23 ST	RFFT	ADDRESS 3	SAAIO SERENE DR	•			
HY-SI-ZIF	PUNTA GORDA FL 339	85		2.4 C(
-TLF		 	DELETE	3.1 111					Cha	rige	Addi
AME				3 2 NA	MF		· · · · · · · · · · · · · · · · · · ·				
JREET AODRESS											
				33 ST	REET	ADDRESS					
111 V CT 210						ADDRESS ST-7IP					
			☐ DELETE	3.3 STI 3.4. CI 4.1 TIT	ΠY-8				Cha	inge	Addi
II.F			☐ DELETE	3.4. Ci	TLE				Cha	inge	Addi
II.,E IAME			DELETE	3.4. CI 4.1 TIT 4.2 N/	TLE AME	ST-ZIP			☐ Chá	inge	Addi
IT.E IAME STREET ADDRESS			DELETE	3.4. CI 4.1 TIT 4.2 N/ 4.3 STI	ity - 8 Tle Ame Treet	ST-ZIP ADDRESS	NAVA		☐ Chá	inge	Addi
ITLE IAME PREET ADDEESS DTY ST-24P				3.4. Ci 4.1 TiT 4. 2 N/ 4.3 ST 4.4 Ci	TLE AME REET TY-S	ST-ZIP ADDRESS			Cha		
IT.E IAME PREET ADDRESS DTY SE-2IP ITLE			☐ DELETE	3.4. CI 4.1 TIT 4.2 N/ 4.3 STI 4.4 CI 5.1 TIT	TLE AME REET TY-S	ST-ZIP ADDRESS		-			
DITLE NAME STREET ADDRESS CITY ST-74P TITLE NAME				3.4. CI 4.1 TIT 4.2 N/ 4.3 ST 4.4 CI 5.1 TIT 5.2 NA	TLE AME TREET TY-S TLE AME	ST-ZIP ADDRESS ST-ZIP					
ITLE NAME STREET ADDRESS DITY ST- 20P TILLE NAME STREET ADDRESS				3.4. CI 4.1 TIT 4. 2 N/ 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST	TIY-S TLE AME TREET TY-S TLE AME	ADDRESS ADDRESS ADDRESS ADDRESS					
HTTP HAME STREET AUDRESS CHY ST-74P THEE NAME STREET ADDRESS CHY-ST-74P			☐ DELETE	3.4. CI 4.1 TIT 4. 2 N/ 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST 5.4 CI	TLE AME TY-S TLE AME TREET	ADDRESS ADDRESS ADDRESS ADDRESS			☐ Cha	inge	Addi
DITE NAME STREET ADDRESS CITY ST-74P TITLE NAME STREET ADDRESS CITY-ST-74P TITLE				3.4. CI 4.1 TIT 4.2 N/ 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST 5.4 CI 6.1 TIT	TILE THE TY-S TILE THE THE THE THE THE THE THE THE THE TH	ADDRESS ADDRESS ADDRESS ADDRESS				inge	Addi
HILE HAME STREET ADDRESS COLY ST-ZIP HILE NAME STREET ADDRESS COLY-ST-ZIP HILE NAME			☐ DELETE	3.4. CI 4.1 TIT 4.2 N/ 4.3 ST 4.4 CI 5.1 TIT 5.2 MA 5.3 ST 5.4 CI 6.1 TIT 6.2 NA	TILE AME TREET TY-S TILE TREET TILE TREET TY-S TILE AME	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP			☐ Cha	inge	Addi
CLY-ST-7P DITE NAME STREET ADDRESS CITY ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP			☐ DELETE	3.4. CI 4.1 TIT 4.2 N/ 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST 5.4 CI 6.1 TIT 6.2 NA 6.3 ST	TITY-S TLE THE TY-S TLE THE THE THE THE THE THE THE THE THE TH	ADDRESS ADDRESS ADDRESS ADDRESS			☐ Cha	inge	Addit

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.

SIGNATURE:



4-2-95

(941) 148-3969