

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J99947** (0)

1. Corporation Name
SHIP'S LANTERN, INC.



Principal Place of Business

% DAVID A. DUNKIN
170 WEST DEARBORN
ENGLEWOOD FL 34223

Mailing Address

% DAVID A. DUNKIN
170 WEST DEARBORN
ENGLEWOOD FL 34223

2. Principal Place of Business

2a. Mailing Address

21	26
Subst. Apt. #, etc.	Subst. Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
County	County

9. Name and Address of Current Registered Agent

DUNKIN, DAVID A.
170 WEST DEARBORN
ENGLEWOOD FL 34223

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83	City	
84	City	
FL	85	Zip Code

3. Date Incorporated or Qualified	3a. Date of Last Report
11/02/1987	04/03/1995
4. FEI Number	Applied For
65-0011721	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent	

11. Pursuant to the provisions of Section 607.05, Florida Statutes, the above named corporation is hereby making the statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change will be effective if the corporation's board of directors hereby adopts the appointment as registered agent. I am familiar with and accept the obligation of Section 607.05(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETED
NAME	D HIGLEY, LEONARD
STREET ADDRESS	8251 ESTHER STREET
CITY, ST, ZIP	ENGLEWOOD FL
TITLE	<input type="checkbox"/> DELETED
NAME	D HIGLEY, KAY
STREET ADDRESS	8251 ESTHER STREET
CITY, ST, ZIP	ENGLEWOOD FL
TITLE	<input type="checkbox"/> DELETED
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETED
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETED
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is true and correct and that I am duly qualified to file this report as required by Chapter 607, Florida Statutes, 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 of the business being incorporated by or which the report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached list of stock addresses.

SIGNATURE: *David Dunkin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96

CR2E034 (12/95)