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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K49333

(3)

CAPTAIN'S B & B, INC.

SIGNATURE: 以

Principal Place	Mailing Address 700 OAKRIDGE BLVD.								
DAYTONA BEA	CH FL 32118-3936	DAYTONA BEACH FL 3211	8-3936						
						3. Date Incorporated or Qualified 12/06/1988		e of Last R 4/1996	
	lace of Business	2a. Mailing Address				4. FEI Number			optied For
Suite, Apt.	# etc	Suite, Apt #, etc.				59-2920312			ot Applicable Additional
22		27				5. Certificate of Status Desired			equired
City & State)	City & State	4h			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for		-	. 199.032.
24	25		30				Yes _		······································
	9, Name and Address of Curi	ent Hegistered Agent		81	Name	10. Name and Address of New Re	gistered A	,gent	
	iuso, Joseph S.			"					
700 OAKRIDGE BLVD.				82	Street Address (P.O. Box Number is Not Acceptable)				
DAY	TONA BEACH FL 32118			63					
				63					
				84	City		FL	85 Zip	Code
44 Chronoul	to the requirement Sections 607.0	CO2 and CO7 1500 Florida Stat de		<u> </u>	named o	orporation submits this statement for the		abanaisa i	to registered
agent La SIGNATURE	m familiar with, and accept the ob	ligations of, Section 607.0505, Flo	orida Sta	tutes od Age	· 	ration's board of directors. I hereby acce quired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE		
TITLE	PD	DELETE	117			ADDITIONS/CHANGES TO OFFI	JENS AND	Change	Addition
NAME	CARUSO, JOSEPH S.		1.2 N		- 1			V. Inc. 180	710011011
STREET ADDRESS	700 OAKRIDGE BLVD.				ADDRESS				
CITY- ST- ZIP	DAYTONA BEACH FL				T-ZIP				
TIT1 F	DATION DESCRICT	DELETE	2.1 T					☐ Change	Addition
NAME			2.2 N	AME					!
STREET ADDRESS			2.3 S	TAEET	AODRESS				
CITY-SI-ZIF			2,40	CITY-S	6T - ZIP	5,3			
THLE		DELETE	3.1 T	ITLE				Change	Addition
NAME			3.2 N	AME					
STREET ADDRESS	II.		3.3 S	TREET	ADDRESS				•
CITY - ST - ZIP		T DELETE			ST-ZIP		**	————	
TIME		☐ DELETE	4.1 T		.			L Change	Addition
NAV:			4.21						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE	4.4 C 5.1 T		T-ZIP			Change	Addition
TIFLE NAME	li.	L_J OCICIL	5.1 I		-			— Amenika	Houston
STREET ADDRESS					ADDRESS				
CITY-ST-7IP			•		T-ZIP				
JULE JULE		☐ DELETE	6.1 1		1- £IF			Change	Addition
NAME			6.2 N						
STREET ADDRESS					ADDRESS				,
City-S1-7if			1		I-ZIP				
14. I do heret	by certify that the information supp	lied with this filing does not qualif	y for the	exe	mption sta	ted in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the
Lam an o	m indicated on this annual report of fficer or director of the corporation in Block 12 or Block 13 if changed	or the receiver or trustee empow	ered to	accı exec	rate and th oute this rep	hat my signature shall have the same leg port as required by Chapter 607, Florida	ai effect as Statutes; ar	if made un id that my r	ider oath; that name