

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

DOCUMENT # L22878

(7)

1. Corporation Name

CAPTAIN SAM'S, INC.



Principal Place of Business

8751 W. BROWARD BLVD.  
PLANTATION FL 33324

Mailing Address

1111 N. JEFFERSON ST.  
ARLINGTON VA 22205  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/12/1989

3a. Date of Last Report

03/24/1995

4. FEI Number

58-1896616

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature typed or printed name of registered agent and the filer, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP  
CPD  
WARREN, SAMUEL P.  
1111 N. JEFFERSON ST  
ARLINGTON VA

2. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP  
VD  
WARREN, KENNETH P.  
12620 KNOLLBROOK  
CLIFTON VA

3. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP  
TSD  
WARREN, DAVID S.  
5359 SUMMIT DR.  
FAIRFAX VA

4. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

5. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

6. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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: David S. Warren

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID S. WARREN

1-29-96 703-671-3300

Date

Daytime Phone #

CR2E034 (12/95)