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 # L60463 (1)

1. Corporation Name
CAPTAIN MARVEL ENTERPRISES INC.

Principal Place of Business	Mailing Address
US HWY. #1 MM 27.5 PO BOX 818 RAMROD KEY FL 33042 US	%JOHN L. MARVEL PO BOX 818 SUMMERLAND KEY FL 33042-7818

3. Date Incorporated or Qualified: 03/28/1990
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0183509 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27 Po Box 420818
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 33042-0818 [illegible] Country

9. Name and Address of Current Registered Agent

MARVEL, JOHN L.
MILE MARKER 24, E. CARIBBEAN DRIVE
PO BOX 28
SUMMERLAND KEY FL 33042

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 607.1505, 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P NAME: MARVEL, JOHN L. STREET ADDRESS: E CARIBBEAN DR. CITY-ST-ZIP: SUMMERLAND KEY FL	☐ DELETE	☑ Change ☐ Addition 295 Caribbean Dr. E. 33042
TITLE: ST NAME: MARVEL, DENISE L. STREET ADDRESS: E CARIBBEAN DR CITY-ST-ZIP: SUMMERLAND KEY FL	☐ DELETE	☑ Change ☐ Addition 295 Caribbean Dr. E. 33042
TITLE: V NAME: WHITTAKER, EDWIN A STREET ADDRESS: E CARIBBEAN DR CITY-ST-ZIP: SUMMERLAND KEY FL	☑ DELETE	☐ Change ☑ Addition V Lyons, Douglas M. 521 Blackbeard Road Little Torch Key FL 33042
TITLE: V NAME: WHITTAKER, GAYLE G STREET ADDRESS: E CARIBBEAN DR CITY-ST-ZIP: SUMMERLAND KEY FL	☑ DELETE	☐ Change ☑ Addition V Lyons, Corinne F. 521 Blackbeard Road Little Torch Key FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	☐ Change ☐ Addition

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: John L. Marvel — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/10/96 — 305-745-2927

CR2E034 (12/95)