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

PROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L75999

(7)

Mailing Address

CAPTAIN BUD'S CHARTERS, INC.

FILED Apr 09 1998 8:00am Secretary of State

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8 West Palm e Us	DEACH FL 33407		13616 SAND RIDGE RD WEST PALM BEACH FL 33407				DO NOT WRITE IN THIS SPACE		
							3. Date incorporated or Qualified 05/24/1990		
2, Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For		
21		26	26				65-0196869 Not Applicable		
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State		City & 5	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country				This corporation owes or has paid the current year Intangible		
24	25	29	30				Personal Property Tax due June 30. Yes No		
	g. Name and Address of Curre	nt Registered Ag	ent				10. Name and Address of New Registered Agent		
SMI	ith, randi			1'	B1 [Name			
13616 SAND RIDGE ROAD					82 Street Address (P.O. Box Number is Not Acceptable)				
PAL		Ĺ	83						
					84	City	₽=1 85 Zip Code		
							FL O		
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 tagniliar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	RANA: Smir	ent and title if applicable	neu)	F Registered	Ager	Muo I	Kandi Joseph DATE		
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D		DELETE	1.1 TUS	LE		Change Addition		
NAME	SMITH, RANDI M.			1.2 NA	ME	ĺ			
STREET ADORESS	13616 SAND RIDGE RD			1.3 STF	REET	ADDRESS			
CITY-ST-ZIP	P B GARDENS FL			1.4 CIT	Y - \$T	T-ZIP			
TITLE			DELETE	2.1 111	LE	į.	Change		
NAME				2.2 NA	ME				
STREET ADDRESS				, 2.3 STF	EET /	ADDRESS			
CITY - ST - ZIP			-	2. 4 CIT		ST-ZIP			
TITLE			DELETE	3.1 TIT			Change Addition		
NAME				3.2 NAI					
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP			DELETE	3.4. CIT		ST - ZIP	Change Addition		
TITLE			☐ bereie	4.1 1111			crange Addition		
NAME STREET ADDRESS				4. 2 NA		4000000			
STREET ADDRESS				1		ADDRESS			
CITY-ST-ZIP TITLE			DELETE	4.4 CIT 5.1 TIT	_	1 - ZIP	☐ Change ☐ Addilion		
NAME				5.2 NAI			_ Signife Notific		
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				5.4 CIT					
TITLE			DELETE	6.1 TIT	_	1-4IF	☐ Change ☐ Addition		
NAME				6.2 NA		1			
STREET ADDRESS						ADDRESS			
City-ST-ZIP				6.4 CiT					
14. I hereby c	ertify that the information supplied	with this filing doc	s not qualify for	or the exe	mpt	tion stated	In Section 119.07(3)(i), Florida Statutes. I further certify that the information		
indicated officer or o	on this annual report or supplemen	tal annual report i seiver or trustee e	s true and accompowered to	curate and	l the	at my signa	ature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in		