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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M56409

CAPT. BOB LEWIS, INC.

Principal Place of Business

13273 SW 124 STREET MIAMI FL 33186 Mailing Address

13273 SW 124 STREET MIAMI FL 33186

FILED Feb 06, 1999 8:00am Secretary of State

02-06-1999 90019 003 ***150.00



US US	J186	MIAMI FL 33186 US	·			
		US			DO NOT WRITE IN THIS SPACE	
2 Principa	I Place of Business	·		•	3. Date Incorporated or Qualifed 07/30/1987	
	Place of Business	2a, Mailing Address			4, FEI Number	
21						
Suite, Apt. #, etc. Suite, Apt. #, etc.					59-2833812 Not Applicable	
22					5. Certificate of Status Desired \$8.75 Additional	
City & S	tate	City & State			Fee Required	
23		28			6. Election Campaign Financing \$5.00 May Be	
Zip	Country	Zip			Trust Fund Contribution Added to Fees	
25 29		Cour	ıtry	8. This corporation owes the current year Intangible		
	9. Name and Address of Current	Registered Agent	30		Personal Property Tax.	
	U-4	registered Agent		nal :	10. Name and Address of New Registered Agent	
, MA	INE, JOHN C. JR		1	81 Nan	me	
_ ^{∨∵} 1640	01 S.W. 87 AVE.		ļ.	82 Stre	eet Address (D.O. Bay N.,	
	ITE 145	•	[Street Address (P.O. Box Number is Not Acceptable)	
MLA	MI FL 33173	•	Ţ	B3		
			Ļ			
(0010 0 0 0 44 Diversion	*	- > > 1		34 City	85 Zip Code	
office or	to the provisions of Sections 607.0502;	and 607.1508, Florida Statut	es, the abo)ve-name		
") agent. I :	am familiar with, and accept the obligation	Florida. Such change was a	uthorized b	y the co	ned corporation submits this statement for the purpose of changing its registered or poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	•	,	rida Statute	9\$.	accept the appointment as registered	
	Signature, typed or printed name of registered agent are	nd title if applicable (NOTE	. De te de	<u> </u>		
2	OFFICERS AND	DIRECTORS		ent signatur	re required when reinstating) DATE	
TLE	VSTP	☐ DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
AME	Lewis, Judith B.				☐ Change ☐ Addition	
TREET ADDRESS	13273 SW 124 ST		1.2 NAME		·	
TY-ST-ZIP	MIAMI FL			ET ADDRESS	SS	
TLE .		- December	1.4 CITY-	ST-ZIP		
ME	•	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
REET ADDRESS	•		2.2 NAME		. 23 ondings [] Addition []	
TY-ST-ZIP			2.3 STREE	TADDRESS	s ·	
LE			2.4 CITY-			
VIE	the factor of the same of the	☐ DELETE	3.1 TITLE			
14.14	TO CONTRACT OF THE SECOND SECO		3.2 NAME		Change Addition	
REET ADDRESS				T ADDRESS		
Y-ST-ZIP	t in all	•			The state of the s	
.E '		[] DELETE	3.4. CITY-S 4.1 TITLE	11-ZIP	 	
Æ .			1		☐ Change ☐ Addition	
EETADORESS		•	4.2 NAME			
/-ST-ZIP		No. 1	4.3 STREET			
Ε			4.4 CITY- ST	r-ZIP		
E .		☐ DELETE	5.1 TMLE		☐ Change ☐ Addition	
EET ADDRESS			5.2 NAME	ľ		
	VSTP 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5.3 STREET	ADDRESS		
	tricial of the pro-		5.4 CITY-ST	-ZIP	5.5	
	13273 80 121 12	☐ DELETE	6.1 TITLE	 		
	\$41,5 to \$40		6.2 NAME	- }	☐ Change ☐ Addition	
ET ADDRESS	•	,	6.3 STREET	ADDRESS		
ST-ZIP			6.4 CITY-ST-	I.		
I hereby cer	tify that the information supplied with this	filing door not a life for	0.4 OILY-5(-	417		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Block 12 or Block 13 of Changed, or on an attachment with an address, with all other like empowered.

SNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-15-98 305-252-4988

R2F034 (11/08)