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Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44886 (2)

1. Corporation Name

FLOTILLA TWO, INC.

Principal Place of Business

601 SEABREEZE BLVD
FT LAUDERDALE FL 33316

Mailing Address

601 SEABREEZE BLVD
FT LAUDERDALE FL 33316-16253. Date Incorporated or Qualified
08/28/19913a. Date of Last Report
04/19/19964. FEI Number
65-0097993Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAHON, TIMOTHY K.
2929 E COMMERCIAL BLVD
PENTHOUSE E
FT LAUDERDALE FL 33308

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME CARSTEN, HOWARD C.
STREET ADDRESS 601 SEABREEZE BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VP ☐ DELETE
NAME EVANS, WARREN
STREET ADDRESS 601 SEABREEZE BLVD.
CITY-ST-ZIP FT LAUDERDALE FL2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Sal Crupi
2.3 STREET ADDRESS 601 Seabreeze Blvd
2.4 CITY-ST-ZIP Ft Lauderdale, FLTITLE T ☐ DELETE
NAME RUNGO, JOHN
STREET ADDRESS 601 SEABREEZE BLVD
CITY-ST-ZIP FT LAUDERDALE FL3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Norse Blazearl
3.3 STREET ADDRESS 601 Seabreeze Blvd
3.4 CITY-ST-ZIP Ft Lauderdale, FLTITLE TD ☐ DELETE
NAME WILLIAMSON, JOHANN
STREET ADDRESS 601 SEABREEZE BLVD
CITY-ST-ZIP FT. LAUDERDALE FL4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Gail Swanson
4.3 STREET ADDRESS 601 Seabreeze Blvd
4.4 CITY-ST-ZIP Ft Lauderdale, FLTITLE S ☐ DELETE
NAME HESSER, LOIS A.
STREET ADDRESS 601 SEABREEZE BLVD
CITY-ST-ZIP FT. LAUDERDALE FL5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Josephine S. Williamson
5.3 STREET ADDRESS 601 Sea Breeze Blvd
5.4 CITY-ST-ZIP Ft Lauderdale, FLTITLE D ☒ DELETE
NAME GRODSKY, ALVIN
STREET ADDRESS 601 SEABREEZE BLVD
CITY-ST-ZIP FT LAUDERDALE FL6.1 TITLE ☐ Change ☒ Addition
6.2 NAME VINCE MAGNOTTA
6.3 STREET ADDRESS 601 SEA breeze BLVD
6.4 CITY-ST-ZIP Ft Lauderdale FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Josephine S. Williamson VFC 2/19/97 954-986-0708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 954-986-0708

CR2E037 (9/96)