PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90078 037 ***150.00

1999 DOCUMENT # P93000040979

 Corporation 	n Name						
THE CAPTAIN'S LADY, INC.							
Principal Place	n of Rucinese	Mailing Address		-	<u>-</u>		
851 NOTTINGHAM ST. POST OFFICE BOX 533078							
ORLANDO FL 32803 ORLANDO FL 32853							
us us					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 06/01/1993		
2 Deimainal D	lace of Business	2a. Mailing Address			4. FEI Number	Anı	plied For
— ·	lace of business	26			59-3187187	<u> </u>	t Applicable
21 25				••••	<u>_</u>	\$8.75 A	dditional
27				<u> </u>	5. Certificate of Status Desired	Fee Red	quired *
City & State	е	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country Zip Cou			1	8. This corporation owes the current year In		□No
24					Personal Property Tax. 10. Name and Address of New Registered		<u> </u>
Name and Address of Current Registered Agent				Name	10. Name and Address of New Augustion	rigen	
RETZER, RAYMOND RICHARD			90	Cturent Address	and (D.O. Bay Number is Not Assentable)		
851 NOTTINGHAM ST			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32803			83				
•			84	City		85 Zip C	Code
				'	<u>Fl</u>	_	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abortifice or registered agent, or both, in the State of Florida, Such change was authorized by					oration submits this statement for the purpose o on's board of directors. I hereby accept the appo	i changing its intment as reg	registered gistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	Statutes	S.	, , ,,		1
SIGNATURE	Signature, typed or printed name of registered agent	t and little if anninable (NOTE: Re-	nistered Ager	nt signature required	1 when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	RETZER, SALLY B		1.2 NAME				
STREET ADDRESS	00 / //0 / / // 01 / 01 / 01 / 01 / 01		1.3 STREE	TADDRESS	/		
CITY-ST-ZIP			1.4 CITY-S	ST-ZIP		- Channe	Addition
TITLE	- Tolo		2.1 TITLE			Change	☐ Addition
NAME	RETZER, RAYMOND R						
STREET ADDRESS	551 (151) 111 511			TADDRESS	en e		
CITY-ST-ZIP -			2.4 CITY-5 3.1 TITLE	ST-ZIP	<u> </u>	Change	Addition
TITLE NAME	·	□ beceie	3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP			
TITLE			4,1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP	.)		4.4 CITY-S	ST-ZIP			Addition
TITLE	<u> </u>		5.1 TITLE			Change	Addition (
NAME			5.2 NAME	TADODECC			
STREET ADDRESS			5.3 STREE 5.4 CITY-S	T ADORESS			
CITY-ST-ZIP	****	☐ DELETE	6.1 TITLE)1~4IF		☐ Change	Addition
TITLE NAME			6.2 NAME				_
I INVANIE	1			ı			

14. 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 suppliemental 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, with all other like empowered. CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS