

FILED



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

Feb 24 1997 8:00am  
Secretary of State

1. Corporation Name  
**CAPTAIN'S BAY NORTH EAST, INC.**



Mailing Address  
3421 BONITA BEACH RD  
UNIT 408  
BONITA SPRINGS FL 34134-4154  
US

**3a. Date of Last Report**  
**04/30/1996**

**2a. Mailing Address**

26 Suite Apt. #, etc.

27 City & State

28	Zip	Country
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Applied For
Not Applicable

**\$8.75** Additional  
Fee Required

**\$5.00** May Be  
Added to Fees

☐ Yes ☒ No

**10. Name and Address of New Registered Agent**

<b>81</b>	<b>Name</b>
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82	Street Address (P.O. Box Number is Not Acceptable)
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83

84	City
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FL	85	Zip Code
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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 familiar with, and accept the obligations of, Section 607.0505, 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	KAPTYN, SIMON	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	050 HIGHWAY NO. 7 EAST #200	
CITY - ST - ZIP	RICHMOND HILL, ONTARIO CANADA	

1.1 TITLE	PSTD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN KAPTYN		
1.3 STREET ADDRESS	600 HIGHWAY NO. 7 EAST, SUITE 101,		
1.4 CITY - ST - ZIP	RICHMOND HILL, ONTARIO, CANADA L4B 1B2		

TITLE	DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY STATE ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

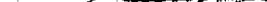
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE	DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

14. I do 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 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 KAPTYN,  
PRESIDENT**

January 28, 1997

(905) 882-3128

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (9/96)