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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000085466

1. Corporation Name

CAPTAIN	I'S BAY EAST, INC.								
Principal Place	o of Business	Mailing Address			_				
Principal Place of Business 3421 BONITA BEACH RD UNIT 408 BONITA SPRINGS FL 34134 US Mailing Address 600 HWY 7 E SUITE 101 RICHMOND HILL ON L48 IV			<u> </u>		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 12/07/1993			SPACE	
	lace of Business	2a. Mailing Address			4. FEI Numb	per		<u> </u>	plied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				of Status Desired		\$8.75 A	
City & State		City & State		2	Campaign Financing		\$5.00 i	May Be	
23 Country 25				NADA	8. This corpo	pration owes the cur Property Tax.	rent year In	tangible	□No
9. Name and Address of Current			133383			d Address of New	Registered	Agent	
3. Italia dia manada di dallan nagara				Name					
CAPTAIN INVESTMENTS INC 3421 BONITA BEACH RD			82	Street Addr	Address (P.O. Box Number is Not Acceptable)				
UNIT 408 BONITA SPRINGS FL 34134			83						
			84		FL 85 Zip Code d corporation submits this statement for the purpose of changing its registered				
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation	f Florida. Such change was auti	norizea ov	the corporation	on's board of dire	actors. I hereby acce	pt the appo	intment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Age	nt signature require	d when reinstating)		DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS	S/CHANGES TO OF	FICERS AN	ND DIRECTOR	
TITLE	PSTD	STD DELETE 1.17						Change	☐ Addition
NAME	JOHN KAPTYN 121		1.2 NAME	-					-
STREET ADDRESS			1.3 STREET ADDRESS		/ .	100			
CITY-ST-ZIP	TY-ST-ZIP RICHMOND HILL ONTATIO CANADA L4B 1		1.4 CITY-ST-ZIP		L4B	102			
TITLE	☐ DELETE 2.11		2.1 TITLE					Change	Addition
NAME			2.2 NAME						
STREET ADDRESS	ESS		2.3 STREET ADDRESS						
CITY-ST-ZIP			2.4 CITY-	ST-ZIP	<u></u>	<u> </u>	<u></u>		Addista-
TITLE	☐ DELETE 3.1°		3.1 TITLE	1				☐ Change	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS				TADDRESS					
CTTY-ST-ZDP				ST-ZIP				☐ Change	Addition
TITLE		☐ DELETE	4.1 TTLE					☐ Change	Li Addition
NAME			4. 2 NAME	i i					
STREET ADDRESS			1	TADDRESS					
CITY-ST-ZIP				ST-ZIP				Chance	Addition
TITLE		☐ DELETE	5.1 TITLE					Change	CT varianti
NAME		•	5.2 NAME	TADDDESS					ľ
STREET ADDRESS				T ADDRESS		•			
CHI-SI-DF			5.4 CITY-S 6.1 TITLE	il-ZIP				Change	Addition
TITLE		☐ DÉLETE	6.1 HILE					□ cuanôs	

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 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 en address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESINEWT