SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Sep 17 1997 8:00am

Secretary of State

∖9 4-838/

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400007271 (7)

CAPTAIN FRED'S PRODUCE, INC.

1051 SWALLOW COURT APT. 303		1051 SWALLOW COURT APT, 303										
MARCO ISLAND FL 33937		MARCO ISLAND FL 33837				DO NOT WRITE IN THIS SPACE						
						3	Date Incorporated or	Qualified	1	e of Last F	'	
							01/20/1994		⊥08/0)8/1996 <u>.</u>		
	lace of Business	2a. Mailing Address	├ ──┐			"	FEI Number			1	pplied For	
Suite, Apt	# ata	26 Suite Ant # ate	Suite, Apt. #, etc.				65-0589757				ot Applicable	
	π, etc.	27			5	Certificate of Status I	Desired			Additional equired		
City & State	9	City & State				. Election Campaign F	inonoina					
23		28			٥	Trust Fund Contributi	_		,	May Be to Fees		
Zip	Country		Zip Country			R						
24	25	- ├── `	¬ ' +¬ '				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
	9. Name and Address of Curren	· · · · · · · · · · · · · · · · · · ·				10). Name and Address			gent		
MURATORE, FREDERICK M JR					Name							
	1 SWALLOW COURT		62 Street Ad			dreer (P.O. Box Number is No	t Accentab	lo)			
	. 303		62 Sireel Au			Julioss (I	I .O. BOX NUMBER 15 140	i Acceptati	110)		l	
	RCO ISLAND FL 33937		83									
	100 100 110 12 00001		[-	14	City					las Zin	0-20	
			`	*	City				FL	85 Zip	Code	
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, typod or printed name of regulative diagrent and title it applicable (NOTE: Bogistored Agent signature required when relinstating) DATE												
12.							ADDITIONS/CHANGE	S TO OFFIC		DIRECTOR	RS IN 12	
TITLE	PVST DELETE 1.		1.1 T(T)	1.1 TITLE						Change	Addition	
NAME	MURATORE, FREDERICK M JE	}	1.2 NAM	1E								
STREET ADDRESS	1051 SWALLOW COURT #303		1.3 STRE		ADDRESS							
CITY-ST-ZIP	MARCO ISLAND FL 33937		1.4 C/TY-ST-Z(P								,	
TITLE				2.1 TITLE						Change	Addition	
NAME			22 NAME									
STREET ADDRESS			2.3 STREFT ADDRESS									
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TITLE		☐ DELETE	3.1 TITLE							Change	Addition	
NAME			3.2 NAM		ł							
STREET ADDRESS			3.3 STREET ADDRESS									
CITY-ST-ZIP			3.4. CIT	CITY-ST-ZIP								
TITLE		DELETE	4.1 TITLE							Change	Addition	
NAME			4. 2 NAM	νÆ								
STREET ADDRESS			4.3 STR	EET A	ADDRESS							
CITY-ST-ZIP			4.4 CITY	/- \$ T	- ZIP							
TITLE		☐ DELETE	5.1 TITL	E		_				Change	Addition	
NAME			5.2 NAM	1E								
STREET ADDRESS			5.3 STR	EET A	ADDRESS							
CITY-ST-ZIP			5.4 CITY	-ST	- ZIP							
FITLE	DELETE 6.1			TITLE						Change	Addition	
NAME			6.2 NAM	1E	ļ				-			
STREET ADDRESS			6.3 STR	EET A	ADDRESS							
CITY-ST-ZIP			6.4 City									
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.												