FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000074195 (6)**

1. Corporation Name

NEW CAPTAINS CLUB CO.

Principal Place of Business	Mailing Address
5075E N. BEACH RD. APT. 2 ENGLEWOOD FL 34223	5075E N. BEACH RD. APT. 2 ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 1855 GULF BLVD	26 1855 GULF BLVD
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 ENGLEWOOD, FL	City & State 28 ENGLEWOOD, FL
Zip / Country 24 34223 / 25 ~~MARCO FL~~	Zip / Country 29 34223 / 30 U.S.

4. FEI Number: 65-0525269 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CRAFT, RITA M 5075E N. BEACH RD. APT. 2 ENGLEWOOD FL 34223	81 Name: DAVID J HOFFA 82 Street Address (P.O. Box Number is Not Acceptable): 4260 PLACIDA RD #160 83 84 City: ENGLEWOOD FL 85 Zip Code: 34224

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] DAVID J. HOFFA-PRESIDENT 4/27/95
(Corporate officer's or principal name of incoming agent and title if applicable) (NOTE: Registered Agent signature required when executing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	CRAFT, RITA M	12 NAME	CRAFT, RITA M
STREET ADDRESS	5075E N. BEACH RD., APT. 2	13 STREET ADDRESS	5075E N. BEACH RD, Apt 2
CITY ST ZIP	ENGLEWOOD FL 34223	14 CITY ST ZIP	ENGLEWOOD, FL 34223 DELETE
TITLE		21 TITLE	P ☐ Change ☒ Addition
NAME		22 NAME	DAVID J HOFFA
STREET ADDRESS		23 STREET ADDRESS	4260 PLACIDA RD #160
CITY ST ZIP		24 CITY ST ZIP	ENGLEWOOD, FL 34224
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: [signature] DAVID J. HOFFA PRESIDENT 4/27/95 813-475-5611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP