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 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000074200 (4)

1. Corporation Name

CAPTAIN'S CLUB INTERNATIONAL 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
4. FEI Number: 65-0525271 ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

CRAFT, RITA M
5075E N. BEACH RD.
APT. 2
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name: DAVID J. SOFFA
82 Street Address (P.O. Box Number is Not Acceptable): 4260 FLORIDA RD #108
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 X [signature] DAVID J. HOFFA 4-27-95
Registered Agent Signature — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☐ Change ☒ Addition
NAME	CRAFT, RITA M	12 NAME	FRANCES A. KLEMSKI	
STREET ADDRESS	5075E N. BEACH RD., UNIT 2	13 STREET ADDRESS	10440 S. STATE RD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	14 CITY-ST-ZIP	GOODRICH, MICHIGAN 48438	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
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(1)(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 a 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: X [signature] RITA M CRAFT D.R. 4-27-95 813-473-3811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0348252 CP