FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P94000074705 (2)

CAPTAIN'S TOOLBOX, INC.

Principal Place of Business

Mailing Address

300 HENDRICKS ISLE

300 HENDRICKS ISLE



FT. LAUDERDALE FL 33301		FT. LAUDERDALE FL 33301			
				3. Pate Incorporated or Qualified 10/10/1994	3a. Date of Last Report 04/14/1995
2. Principal Plai	se of Business SW 18th Terrace	2a. Mailing Address	18th Terrace	4. FEI Number	Applied For
Suite Ant #	elos	Suite Ant # etc	TOTA TITAL	65-0525928	Not Applicable
22 # 11	8	27 18 # 1	18	5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	auderdale, FL	28 F1. Law	derdale, FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 7771	Country	Zip 77715	Country 30 USA	8. This corporation has liability for it	
24 > > >1-	9. Name and Address of Current F	29 35315	30 0>7	Florida Statutes Yes 10. Name and Address of New R	
	g, manie and riddress of Cartonici	logisteres Agent	81 Name	A	egistered Agent
COCRY DONALD COD				AME	
			82 Street Addr	ess (P.O. Box Number is Net Acceptable 5 W 18 TU 6 CCC	*)
300 HENDRICKS ISLE FT. LAUDERDALE FL 33301 83 15 11 8					
11. 1. 1.	ACTIONED TE 00001		4-11	8	
1			84 (11)	I muder dale	FL 85 Zp Code
11. Pursuant to	the provisions of Sections 607.0502 ar	nd 607.1508, Florida Statut	es, the above-named corpor	ation submits this statement for the pur	nose of changing its registered office
or registere	d agent, or both, in the State of Florida. I, and accept the obligations of, Section	Such change was authoriz	ed by the corporation's boar	rd of directors. I hereby accept the appo	intrnent as registered agent. I am
SIGNATURE _	The state of the state of the state of	Services (France States	,		
SIGNATURE	Ignature, typod or printed name of registered agent and	title if applicable (NC	OTE: Registered Agent signature requirer	d when reinstating!	DATE
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1. 1 TITLE		Change 🔲 Addition 🗦
NAME	COSBY, DONALD L SR.		1.2 NAME	ame	ANIR B
STREET ADDRESS	300 HENDRICKS ISLE		1.3 STREET ADDRESS	201 5W 18th T	FL 33315
CHTY-ST-ZIP	FT LAUDERDALE FL 33301		1.4 CITY - ST - ZIP	T. Lauder dale	, ru 33515 B
TITLE	D	□ DELETE	2. 1 TITLE	- 114 -	
NAME	COSBY, JAN E		2.2 NAME	ame 18th To	evirace #118
STREET ADDRESS	300 HENDRICKS ISLE		2 3 STREET ADDRESS	201,700,101,1	-1
CITY-ST-ZIP	FT LAUDERDALE FL 33301	F-1 p	24 CHY-ST-ZIP	ame ool switht t. Lauderdale,	FL 33315
TITLE		DELETE	3 THILE	•	Change Addition
NAME			3.2 NAME		F
STREET ADDRESS			3.3. STREET ADDRESS		
CITY - ST - ZIP		E proces	3 4 CITY-ST-ZIP		
TITLE		□ DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST-ZIP TITLE		☐ DELETE	4 4 CITY-ST-ZIP		
1			5 1 TITLE		Change Addition
NAME CIRCLI ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TIT(E		[] DELETE	5.4 C(TY - ST - Z)P		Change C Addition
			6. 1 TITLE		Change . Addition
NAME			6.2 NAME		İ
STREET ADDRESS			6.3 STREET ADDRESS		
CHY-ST-ZIP	certify that the information supplied with	this filing is valuatorily free	6.4 City-ST-ZIP	or the examption stated in Section 119.0	7/Outo Florido Ctolidas I finalisas
certify that t	the information indicated on this annual	report or supplemental ann	iual report is true and accurat	or the examption stated in Section 119.0 te and that my signature shall have the : s report as required by Chapter 607. Fig	same legal effect as if made under

4-14-96 954-401-530