

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000019685 (3)

1. Corporation Name

ARCTURUS II CARIBBEAN INC.



Principal Place of Business

6810 FRONT ST.
KEY WEST FL 33040

Mailing Address

P.O. BOX 5462
KEY WEST FL 33045

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 6810 FRONT ST.

Suite, Apt. #, etc.

27 City & State

28 KEY WEST FL

29 Zip Country

30 33040 USA

9. Name and Address of Current Registered Agent

ROCHFORD, KAREN A
6810 FRONT ST.
KEY WEST FL 33040

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

03/09/1995

3a. Date of Last Report

4. FEI Number

650563711

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

D
NAME: DENICHILO, NICHOLAS
STREET ADDRESS: 6810 FRONT ST.
CITY-STATE-ZIP: KEY WEST FL 33040

D
NAME: ROCHFORD, KAREN A
STREET ADDRESS: 6810 FRONT ST.
CITY-STATE-ZIP: KEY WEST FL 33040

☐ DELETE
NAME:
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CITY-STATE-ZIP:

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STREET ADDRESS:
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE:
12 NAME:
13 STREET ADDRESS:
14 CITY-STATE-ZIP:

21 TITLE:
22 NAME:
23 STREET ADDRESS:
24 CITY-STATE-ZIP:

31 TITLE:
32 NAME:
33 STREET ADDRESS:
34 CITY-STATE-ZIP:

41 TITLE:
42 NAME:
43 STREET ADDRESS:
44 CITY-STATE-ZIP:

51 TITLE:
52 NAME:
53 STREET ADDRESS:
54 CITY-STATE-ZIP:

61 TITLE:
62 NAME:
63 STREET ADDRESS:
64 CITY-STATE-ZIP:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-96 1800 7465488

CR2E034 (12/95)