FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000047167 (8)

CAPTAIN CONRAD, INC.

	•			
1313	8.	DEERFIELD	AVE.	

Principal Place of Business

Mailing Address

1313 S. DEERFIELD AVE.

FILED May 15 1997 8:00am Secretary of State



DEERFIELD BI	EACH FL 33441-8662	DEERFIELD BEACH FL 3	3441-5662				
					 Date Incorporated or Qualified 06/13/1995 	3a. Date of Last F 05/01/1996	Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	A	oplied For	
21		26		65-0596271		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	7	Additional equired	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	intry	8. This corporation has liability for in		s. 199.032,
24	25	29	30			Yes No	
	g, Name and Address of Curren	t Hegistered Agent		641 1/2	10. Name and Address of New Reg	istered Agent	
	C, CONRAD A			81 Name	·		
	13 S. DEERFIELD AVE.		82 Street Ad		Iress (P.O. Box Number is Not Acceptable	e)	
DEF	ERFIELD BEACH FL 33441			<u> </u>	·		
				83			
				84 Cily		FL 85 7ip	Code
agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations are secured.	of Florida. Such change was	authorize	d by the corpora	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing i the appointment as	its registered s registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	t Hegistare	d Agent signature requ	ired when reputation)	DATE	
12.	OFFICERS AN		13.	- garage requ	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	PSTV	☐ DELETE	1.1 11	TLF	7,55111010301111102570 011101	Change	Addition
NAME	NIX. CONRAD		1.2 N/	AME			
STREET ADDRESS	1313 S. DEERFIELD AVE.			IREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33441			TY-S1-ZIP			
TITLE	SESTIMIENT OF TOTAL	DELETE	217			Change	Addition
NAME			2.2 N/				
STREET ADDRESS				IREET ADDRESS			
CITY-ST-ZIP				ITY-ST-ZIP			
TITLE		DELETE	3.1 TI			Change	Addition
NAME			3.2 N/				
STREET ADDRESS			1	REET ADDRESS			
CITY-ST-ZIP				11Y - \$1 - ZIP			
TITLE		☐ DELETE	4.1 1			Change	☐ Addition
NAME			4. 2 N	AME			
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP				TY-\$1-7/P			
TITLE		☐ DELETE	5.1 TI		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			5.2 N/	AME			
STREET ADDRESS				REE'I ADORESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		DELETE	6.1 7			Change	Addition
	{						
NAME			6.2 N/	NMŁ Ι			
}							
STREET ADDRESS CITY-ST-ZIP			6.3 \$3	AME TREET ADDRESS TY-ST-ZIP			

Tam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Stalutes; and that my name appears in Block 12 or Block 13 in hanged, or on an attachment with a address.