


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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96 000602185			
1. Corporation Name CAPTAINS SHIP SUPPLY INC.			
Principal Place of Business 124 S. MILITARY TR. #1024 DEERFIELD BCH. FLA. 33442		Mailing Address 124 S. MILITARY TR. #1024 DEERFIELD BCH. FLA. 33442	
2. Principal Place of Business 21 FT. LAUDERDALE, FLA. Suite, Apt. #, etc. 22 124 S. MILITARY #1024 City & State 23 DEERFIELD BCH. FLA. Zip 24 33442	2a. Mailing Address 26 124 S. MILITARY TRAIL Suite, Apt. #, etc. 27 #1024 City & State 28 DEERFIELD BCH. Zip 29 33442	3. Date Incorporated or Qualified Jan. 1996	3a. Date of Last Report N/A
4. FEI Number 65-0633805		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent KRIS A. HOPKINS 124 S. MILITARY TR #1024 DEERFIELD BCH. FLA. 33442			
10. Name and Address of New Registered Agent 81 Name [REDACTED] 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE: [Signature] DATE:			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME PRESIDENT KRIS HOPKINS STREET ADDRESS 124 S. MILITARY TR. #1024 CITY-ST-ZIP DEERFIELD BCH. 33442		11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing 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 in completed or on an attachment with an address.			
SIGNATURE: [Signature] KRIS A. HOPKINS		4-11-97 954-427-0695	

CR2E034 (9/96)