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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 0006 02185**
 1. Corporation Name
CAPTAINS SHIP SUPPLY INC.

Principal Place of Business Mailing Address
124 S. MILITARY TR. #1024 DEERFIELD BCH. FLA. 33442 **124 S. MILITARY TR. #1024 DEERFIELD BCH. FLA. 33442**

2. Principal Place of Business 21 FT. LAUDERDALE, FLA.	2a. Mailing Address 26 124 S. MILITARY TRAIL	4. FEI Number 65-0633805	Applied For Not Applicable
Site, Apt. #, etc. 22 124 S. MILITARY #1024	Site, Apt. #, etc. 27 #1024	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 DEERFIELD BCH, FLA.	City & State 28 DEERFIELD BCH.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 33442	Country 25 U.S.A.	Zip 29 33442	Country 30 U.S.A.

3. Date Incorporated or Qualified
JAN. 1996

3a. Date of Last Report
N/A

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
 Yes 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
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0562 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 affirm, with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE: DELETE
 NAME: **PRESIDENT KRIS HOPKINS**
 STREET ADDRESS: **124 S. MILITARY TR. #1024**
 CITY, ST, ZIP: **DEERFIELD, BCH. 33442**

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY - ST - ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY - ST - ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY - ST - ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY - ST - ZIP

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*****173.75**

14. I do 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 or attached to or on an attachment with an address.

SIGNATURE: *[Signature]* **KRIS A. HOPKINS** **4-11-97** **954-427-0695**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (9/96)