


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
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DOCUMENT # *P96 000002185*

1. Corporation Name
CAPTAINS SHIP SUPPLY INC.

Principal Place of Business <i>1240 S. MILITARY TR. #1024 DEERFIELD BCH. FLA. 33442</i>	Mailing Address <i>1240 S. MILITARY TR. #1024 DEERFIELD BCH. FLA. 33442</i>
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2. Principal Place of Business 21 <i>FT. LAUDERDALE, FLA.</i>	2a. Mailing Address 26 <i>1240 S. MILITARY TRAIL</i>
Suite, Apt. #, etc. 22 <i>1240 S. MILITARY #1024</i>	Suite, Apt. #, etc. 27 <i>#1024</i>
City & State 23 <i>DEERFIELD BCH. FLA.</i>	City & State 28 <i>DEERFIELD BCH.</i>
Zip 24 <i>33442</i>	Country 25 <i>U.S.A.</i>
Country 29 <i>U.S.A.</i>	Zip 30 <i>33442</i>

3. Date Incorporated or Qualified <i>JAN. 1996</i>	3a. Date of Last Report <i>N/A</i>
4. FEI Number <i>65-0633805</i>	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
 1240 S. MILITARY TR #1024
 DEERFIELD BCH. FLA. 33442*

10. Name and Address of New Registered Agent

81 Name <i>[Redacted]</i>
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<i>PRESIDENT</i>	<input type="checkbox"/> DELETE
NAME	<i>KRIS HOPKINS</i>	
STREET ADDRESS	<i>1240 S. MILITARY TR. #1024</i>	
CITY-ST-ZIP	<i>DEERFIELD BCH. 33442</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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 if changed, 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)