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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # P96000104124 1. Corporation Name

CAPTAIN JAX, INC.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90059 021 ***150.00



Principal Place of Business	Mailing Address						
6441 HANCOCK ROAD 6441 HANCOCK ROAD FORT LAUDERDALE FL 33330-3441 FORT LAUDERDALE FL 33330			DO NOT WRITE IN TH	IS SPACE			
			3. Date Incorporated or Qualifed 12/23/1996				
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For			
<u> </u>	26		65-0718324	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country	Zip Con	untry	8. This corporation owes the current year	Intangible			
4 25	29 30		Personal Property Tax.	☐ Yes ☐ No			
9. Name and Address of Curren	10. Name and Address of New Registered Agent						
ANGELLA, LUIGINO F 6441 HANCOCK ROAD FORT LAUDERDALE FL 33330-3441		81 Name	roce (D.O. Boy Number is Not Acceptable)				
		82 Street Address (P.O. Box Number is Not Acceptable)					
		83 ·					
		84 City	F	L 85 Zip Code			
 Pursuant to the provisions of Sections 607.050. office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation. 	of Florida. Such change was authorize	d by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered pointment as registered			

SIGNATURE	·						
	Signature, typed or printed name of registered agent and title		tegistered Agent signature rec		DATE		20 11 40
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES	TO OFFICERS A		
TITLE	PSTV	DELETE	1.1 TITLE			Change	Addition
NAME	ANGELLA, LUIGINO F.		1.2 NAME				
STREET ADDRESS	6441 HANCOCK ROAD		1.3 STREET ADDRESS	•			
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP		•		
TITLE	D	☐ DELETE	2.1 TITLE	•	•	Change	☐ Addition
NAME	ANGELLA, LUIGINO F.		2.2 NAME				
STREET ADDRESS	6441 HANCOCK ROAD		2.3 STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL		2.4 CITY-ST-ZIP		********		
TITLE		DELETE	3.1 TITLE			Change	☐ Addition
NAME '			3.2 NAME -		٠٠		· -
STREET ADDRESS			3.3 STREET ADDRESS				l
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME	•			
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP	•		4.4 CITY-ST-ZIP				
TITLE	Programme Communication	☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME	and the state of t		5.2 NAME				
STREET ADDRESS	S. A. F. A.		5.3 STREET ADDRESS	•			
CITY-ST-ZIP	·		5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				1
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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 if changed, or organ attachment with an appress, with all other like empowered.

SIGNATURE: