

FILED  
Apr 20 1998 8:00am  
Secretary of State

**DOCUMENT # P97000016407 (3)**  
1. Corporation Name  
**CAPTAIN JAMIE, INC.**

Principal Place of Business	Mailing Address
4322 BELLAIRE DR HERNANDO BEACH FL 34607	4322 BELLAIRE DR HERNANDO BEACH FL 34607

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip	Country	Zip	Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

<b>9. Name and Address of Current Registered Agent</b>		<b>81</b>	Name
<b>HARRIS, SUSAN D</b> <b>4322 BELLAIRE DR</b> <b>HERNANDO BEACH FL 34607</b>		<b>82</b>	Street Address
		<b>83</b>	
		<b>84</b>	City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is changing its principal office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Susan D. Harris Susan D. Harris  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)

12.		OFFICERS AND DIRECTORS		13.	
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	
NAME	HARRIS, JAMES W			1.2 NAME	
STREET ADDRESS	4322 BELLAIRE DR			1.3 STREET ADDRESS	
CITY - ST - ZIP	HERNANDO BEACH FL 34607			1.4 CITY - ST - ZIP	
TITLE	VSTD	<input type="checkbox"/> DELETE		2.1 TITLE	
NAME	HARRIS, SUSAN D			2.2 NAME	
STREET ADDRESS	4322 BELLAIRE DR			2.3 STREET ADDRESS	
CITY - ST - ZIP	HERNANDO BEACH FL 34607			2.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	
NAME				3.2 NAME	
STREET ADDRESS				3.3 STREET ADDRESS	
CITY - ST - ZIP				3.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY - ST - ZIP				4.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY - ST - ZIP				5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY - ST - ZIP				6.4 CITY - ST - ZIP	

3. Date Incorporated or Qualified <b>02/20/1997</b>	
4. FEI Number <b>59-3427206</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
ss (P.O. Box Number is Not Acceptable)	
FL	85 Zip Code

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 on an attachment with an address.

CR2E034 (10/97)