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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000016407 (3)

CAPTAIN JAMIE, INC.

Principal Place of Business	Mailing Address		
4322 BELLAIRE OR	4322 BELLAIRE OR		
HERNANDO BEACH FL 34607	HERNANDO BEACH FL 3460		

## **FILED** Apr 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				1010 01111 01 <b>0</b> 11 001	HI IDEI IDEI		
4322 BELLAIRE OR 4		4322 BELLAIRE OR	4322 BELLAIRE OR				
HERNANDO BEACH FL 34607 HERNANDO BEACH FL 34607		. 34607		DO NOT WRITE IN THI	DO NOT IMPLIE IN THIS SPACE		
					3. Date Incorporated or Qualified	S SPACE	<del></del>
					02/20/1997		
2. Principal Pi	lace of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · ·	4. FEI Number	— Ar	optied For
21	_	26			59-3427306		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27			5. Certificate of Status Desired	Fee Re	equired
		City & State			6. Election Campaign Financing	\$5.00	
23 Tip	Country	28	1 0		Trust Fund Contribution	Added 1	
Zip	Country	<u>├</u> ¬ '	Zip Country		8. This corporation owes or has paid the current year Intangible		
24	25   9. Name and Address of Curren	29 t Registered Agent	[30]		Personal Property Tax due June 30.  10. Name and Address of New Registere		_ No
HAL	RRIS, SUSAN D	, , , , g, c,	81	Name	10. Harris with Madress of North Hagistale	u Agent	
	2 BELLAIRE DR						
	RNANDO BEACH FL 34607		62	Street Addr	ress (P.O. Box Number is Not Acceptable)		
1161	MINITED DENOTITE 01007		63			<del></del> ,	
			84	City	F	<b>85</b> Zip (	Code
11. Pursuant t	to the provisions of Sections 607.050.	2 and 607.1508, Florida Stat	utes, the above	-named corp	possion submits this statement for the number	of changing it	s registered
onice or re agent. Lar	e <b>gister</b> ed agent, or both, in the State m <b>fam</b> iliar with, and accept the obliga	of Horida. Such change wa ations of, Section 607.0505,	s authorized by Florida Statutes	the corporat	tion's board of directors. I hereby accept the a	ppointment as	registered
SIGNATURE		reis X	lusau	N. O.	larrin 41	1/98	
	Signature, typed or printed name of registered age	nt and title if applicable / (N	OTE: Registered Ager	nt signature requir			
12.	OFFICERS AND		13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD HADDIC HANCOM	☐ DELETE	1.1 TITLE			L Change	☐ Addition
NAME	Harris, James W 4322 Bellaire or		1.2 NAME				
STREET ADDRESS	HERNANDO BEACH FL 34607	,	1.3 STREET A	1			
CITY-ST-ZIP TITLE	VSTD	DELETE	1.4 CITY - ST 2.1 TITLE	- ZIP		Change	Addition
NAME	HARRIS, SUSAN D		2.2 NAME	Ì			
STREET ADDRESS	4322 BELLAIRE DR		23 STHEET	ADDRESS			
CITY-ST-ZIP	HERNANDO BEACH FL 34607	,	2. 4 CITY-SI				
TITLE		DELETE	3.1 TITLE	·		Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET /	ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST	r-zip			
TITLE		DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET A	ADDRESS .			
CITY-ST-ZIP			4.4 CITY - ST	- ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				ļ
STREET ADDRESS			5.3 STREET A	ADDRESS			
CITY-ST-ZIP	·	Touer	5.4 CITY-ST	- ZIP	**************************************		
TITLE		☐ DELET <b>E</b>	6.1 TITLE			L Change	Addition
NAME			6.2 NAME				
STREET ADDRESS	9		6.3 STREET A				
CITY-ST-ZIP	ertily that the information supplied will	th this filing does not availa-	6.4 CITY-ST		Section 119.07(3)(i), Florida Statutes. I further	nadify that the	information
indicated o	on this annual report or supplemental	l annual report is true and ac	ocurate and that	t my signatur	re shall have the same legal effect as if made (	under oath: tha	atlam an I
officer or d Block 12 o	director of the corporation or the rece or <b>Bloc</b> k 13 if changed, or on an attac	iver or trustee empower <mark>ed</mark> te chment with an address.	o execute this re	aport as requ	uired by Chapter 607, Florida Statutes; and tha	t my name app	ni arsec