

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

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000026921 (1)**

1. Corporation Name

THE BAREFOOT CAPTAIN, INC.



Principal Place of Business 7601 E TREASURE DR B-85 NORTH BAY VILLAGE FL 33141	Mailing Address 7601 E TREASURE DR B-85 NORTH BAY VILLAGE FL 33141
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 840 NE 78th Suite, Apt. #, etc. 22 S # 3 City & State 23 Miami FL Zip 24 33138		2a. Mailing Address 26 PO Box 530632 Suite, Apt. #, etc. 27 City & State 28 Miami FL Zip 29 33153 Country 30 USA		3. Date Incorporated or Qualified 03/20/1997	
		4. FEI Number 65-0748445		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**SARGENT, RICHARD A
7601 E TREASURE DR B-85
NORTH BAY VILLAGE FL 33141**

ADDRESS
only

10. Name and Address of New Registered Agent

81 Name SARGENT, RICHARD A	85 Zip Code 33138
82 Street Address (P.O. Box Number is Not Acceptable) 840 NE 78th St S-3	
83	
84 City Miami	85

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

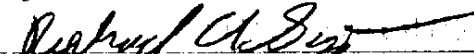
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPVS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARGENT, RICHARD A	1.2 NAME	
STREET ADDRESS	7601 E TREASURE DR B-85	1.3 STREET ADDRESS	840 NE 78th St S-3
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	1.4 CITY-ST-ZIP	Miami FL 33138
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARGENT, RICHARD A	2.2 NAME	
STREET ADDRESS	7601 E TREASURE DR B-85	2.3 STREET ADDRESS	840 NE 78th St S-3
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	2.4 CITY-ST-ZIP	Miami, FL 33138
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
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 on an attachment with an address.

SIGNATURE:  **4-1-98 (305) 781-3137**

CR2E034 (10/97)