


FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90123 045 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000048093

1. Corporation Name
CAPTAINS CABIN TOO, INC.

Principal Place of Business
POST OFFICE BOX 2844
KEY LARGO FL 33037

Mailing Address
POST OFFICE BOX 2844
KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 100 OCEAN DRIVE Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 2844 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/28/1998	
22		27		4. FEI Number 65-0841088 <i>WME</i>	
23 City & State KEY LARGO, FL		28 City & State KEY LARGO FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33037		29 Zip 33037		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HETTENBAUGH, THOMAS C
100 OCEAN DRIVE
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name **HETTENBAUGH THOMAS C**
 82 Street Address (P.O. Box Number is Not Acceptable)
106003 OVERSEAS HWY LOT E-18
 83
 84 City **KEY LARGO** FL 85 Zip Code **33037**

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 D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HETTENBAUGH, THOMAS C		1.2 NAME HETTENBAUGH THOMAS C	
STREET ADDRESS POST OFFICE BOX 2844		1.3 STREET ADDRESS P.O. BOX 2844	
CITY-ST-ZIP KEY LARGO FL 33037		1.4 CITY-ST-ZIP KEY LARGO FL 33037	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME TYREF THOMAS D	
STREET ADDRESS		2.3 STREET ADDRESS 764 MICHAEL DR. KEY LARGO FL	
CITY-ST-ZIP		2.4 CITY-ST-ZIP 33037	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE SEC-TREAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME KELLY W. KELLY M	
STREET ADDRESS		3.3 STREET ADDRESS P.O. BOX 2235	
CITY-ST-ZIP		3.4 CITY-ST-ZIP KEY LARGO FL 33037	
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, with all other like empowered.

SIGNATURE:

Wiley M Kelly **WILEY M KELLY** 3/10/99 305-452 0752
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)