


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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S48984 (6)</b> 1. Corporation Name <b>CAPTAIN KIDD II, INC.</b>					
Principal Place of Business <b>14385 - 80TH AVE. SEBASTIAN FL 32958</b>			Mailing Address <b>14385 - 80TH AVE. SEBASTIAN FL 32958</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 <b>12820 83rd. St.</b>		04/29/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 <b>Fellsmere, FL</b>		65-0269875	
24 Country		29 <b>32948</b>		Applied For	
25		30 <b>Indian River</b>		Not Applicable	
g. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>JONES, ARTHUR E 14385 8TH AVENUE SEBASTIAN FL 32958</b>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 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	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	
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.					
X SIGNATURE <i>Arthur E Jones</i>				DATE <b>4/26/98</b>	
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME <b>P Cheslock, William B</b>					
1.3 STREET ADDRESS <b>12820 83rd. St.</b>					
1.4 CITY-ST-ZIP <b>Fellsmere, FL 32948</b>					
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME <b>Jones, June B</b>					
2.3 STREET ADDRESS <b>14385 - 80th Ave.</b>					
2.4 CITY-ST-ZIP <b>Sebastian, FL 32958</b>					
3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME <b>T S Cheslock, Karen A</b>					
3.3 STREET ADDRESS <b>12820 83rd. St.</b>					
3.4 CITY-ST-ZIP <b>Fellsmere, FL 32948</b>					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
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: <i>Karen Cheslock</i> <b>Karen Cheslock 4/26/98 589-5433</b>					

CR2E034 (10/97)