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PROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT #



ELOHIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

(9)

FILED May 20 1998 8:00am Secretary of State

| CAPT. I | MILKS, INC. | | | | | | |
|---|---|---|-----------------------------------|---|--|---|---|
| Principal Place | e of Business | Mailing Address | | | | (40 31 4 1011 6 11 | /// 63011 01011 01011 E1011 E 04 |
| MARINA'S | | PO BOX 331051 | | | | | |
| COCONUT GROVE FL 33133 | | COCONUT GROVE FL 33133 | | DO NOT W | 317 C 181 TI HC | COACE | |
| US | | US | | | DO NO1 Wi | | SPACE: |
| i | | | | | 01/13/1992 | 30 | |
| 2. Principal Pl | ace of Business | 2a, Mailing Address | | | 4, FEI Number | | Applied For |
| 21 | | 26 | | | 65-0310235 | | Not Applicable |
| Suite, Apt. #., etc. | | Suite Apt. #, etc. | | 5. Certificate of Status Desired | | \$8.75 Additional | |
| 22 | | 27 | | 5. Certificate of Status Desired | | Fee Required | |
| City & State | | City & State | | | 6. Election Campaign Financin | g | \$5.00 May Be |
| Zip | Country | 28 | Country | | 1rust Fund Contribution | | Added to Fees |
| 24 | | 29 30 | ٦ ' | y | 8. This corporation owes or ha Personal Property Tax due of | | urrent year Intangible X Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| 24 | 25 Name and Address of Curren | | J | | 10. Name and Address of New | | |
| CR/ | ANDALL, MICHAEL J. | | 81 | Name | | | X |
| 2250 SW 27TH LANE | | | 00 0000 | | Control of the second of the s | | |
| COCONUT GROVE FL 33133 | | | 82 Street Address (P.O. E | | dress (P.O. Box Number is Not Acce | stablej | |
| | | | 83 | | | | |
| r | | | 84 | City | | | 85 Zip Code |
| _ | | | | ′ | | FI | L ` |
| 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Translations of the test insertion logitation. (NOT: Registered Agent signature required when reinstaling). DATE | | | | | | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO O | FICERS AN | |
| TITLE | P | ∐ DELETE | 1.1 THLE | | | | Change Addition |
| NAME | CRANDALL, MICHAEL | | 1.2 NAME | | | | |
| STREET ADDRESS | 2250 SW 27TH LANE COCONUT GROVE FL 33133 | | | TADDRESS | | | |
| CITY-ST-ZIP TITLE | V COCONOT GROVE PL 33133 | DELETE | 1.4 CITY - 5 2.1 TITLE | S1-21P | | | Change Addition |
| NAME | CRANDALL, MARY B | | 2 ? NAME | | | | |
| STREET ADDRESS | 2250 SW 27TH LANE | • | | I ADDRESS | | | |
| CITY-ST-ZIP | COCONUT GROVE FL 33133 | | 2. 4 CITY- | | | | |
| TITLE | | DEVETE | 3 1 7111 F | | | | Change Addition |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 33 STREE | r ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4 CHY- | S1 - 7(P | | | |
| TITLE | | ∟] DELETE | 4.1 TITLE | | | | Change Addition |
| NAME | | | 4. 2 NAME | - 1 | | | |
| STREET ADDRESS | | | | I ADDRESS | | | |
| CITY-ST-ZIP | | DELETE | 44 CITY-5 | \$1 - ZIP | | | Change Addition |
| TITLE | | DECEN | 5 1 1111. | | | | Change C Manifoli |
| NAME STREET ADDRESS | | | 5.2 NAME | I ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 City - 5 | | | | |
| TITLE | | | 6.1 TITLE | 31 - 21 | | | Change Addition |
| NAME | | | G 2 NAME | | | | |
| STREET ADDRESS | | | | FADDRESS | | | |
| CITY-ST-ZIP | Λ | | 6.4 Cn y - 9 | ST- ZIP | | | |
| 14. I hereby o indicated o officer or o | ortify that the information supplied w on this armual report or supplied bent director of the corporation of ple reco or Block 13 if changed, or by an affalla | ith this filling does not qualify for th It annual report by the and accura- river or hyster althowered to exe- tioners with agraph dress. | e exemp to and th cute this | otion stated in at my signat report as re | n Section 119.07(3)(i), Florida Statule ture shall have the same legal effect gaired by Chilpter 607, Florida Statu | is. I further o as if made u es; and that | certify that the information inder oath; that I am an t ruy name appears in |