

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V44584 (3)
1. Corporation Name
CARIBBEAN CLIPPER INCORPORATED



Principal Place of Business
28100 US HWY 19 NORTH
#411
CLEARWATER FL 34621
US

Mailing Address
28100 US HWY 19 N
STE 411
CLEARWATER FL 34621
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 28100 US HWY 19 N Suite, Apt. #, etc. 22 300 City & State 23 CLEARWATER, FL Zip 24 33761		2a. Mailing Address 26 28100 US HWY 19 N Suite, Apt. #, etc. 27 300 City & State 28 CLEARWATER, FL Zip 29 33761		3. Date Incorporated or Qualified 06/16/1992		3a. Date of Last Report 04/19/1996	
				4. FEI Number 98-0126602		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT
NAME	CABRAL, BRIAN F	1.2 NAME	CABRAL BRIAN F.
STREET ADDRESS	26567 SABAL SPRINGS DR., #6	1.3 STREET ADDRESS	1709 HUNTINGTON COURT
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695-5636
TITLE	S	2.1 TITLE	SECRETARY
NAME	CABRAL, INDRA	2.2 NAME	CABRAL, INDRA
STREET ADDRESS	2656 SABAL SPRINGS DR., #6	2.3 STREET ADDRESS	1709 HUNTINGTON COURT
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695-5636
TITLE	T	3.1 TITLE	TREASURER
NAME	KESSARAM, JAYSHREE	3.2 NAME	KESSARAM, JAYSHREE
STREET ADDRESS	2648 SABAL SPRINGS DR., #2	3.3 STREET ADDRESS	1709 HUNTINGTON COURT
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695-5636
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

S. Mortham

97/9/15

813-796-3422

CR2E034 (4/97)