


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 APR 19 AM 1:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

<p>CORPORATION ANNUAL REPORT 1995</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra D. Mathman Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # 300377 (9)

1. Corporation Name
CAPPLEMAN AGENCY, INC.

Principal Place of Business 884 S DILLARD ST P.O. BOX 770189 WINTER GARDEN FL 34777-0189 US	Mailing Address PO BOX 770189 P.O. BOX 770189 WINTER GARDEN FL 34777-0189 US
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

3. Date Incorporated or Qualified 01/05/1988	3a. Date of Last Report 04/18/1994
4. FBI Number 58-1116499	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
7. This corporation has liability for intangible tax under G. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CAPPLEMAN, LE J
884 SOUTH DILLARD ST
WINTER GARDEN FL 34777-0189**

10. Name and Address of New Registered Agent

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

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	POC
NAME	CAPPLEMAN, L E
STREET ADDRESS	884 SOUTH DILLARD STREET
CITY - ST - ZIP	WINTER GARDEN FL
TITLE	VSD
NAME	WASK, DENNIS L.
STREET ADDRESS	884 SOUTH DILLARD STREET
CITY - ST - ZIP	WINTER GARDEN FL
TITLE	TD
NAME	EYERLY, WILLIAM C.
STREET ADDRESS	324 W ORANGE STREET
CITY - ST - ZIP	GROVELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 incorporator 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, changed, or on an attachment with an address.

SIGNATURE: *L.E. Cappleman*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
L.E. CAPPLEMAN

4/11/95 (407) 656-2211