

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 753965 (3)**  
1. Corporation Name  
**CAPE CORAL R/SEA HAWKS, INC.**



Principal Place of Business Mailing Address  
**842 SE 46 LN CAPE CORAL FL 33904 US**      **842 SE 46 LN CAPE CORAL FL 33904 US**

3. Date Incorporated or Qualified **08/27/1980**      3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address  
**21** Suite, Apt. #, etc. **26** **336 Morse Plaza**  
**22** City & State **27** Suite, Apt. #, etc.  
**23** City & State **28** **Ft. Myers**  
**24** Zip **25** Country **29** Zip **30** Country  
**33905 Lee**

4. FEI Number **59-2629260** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**GRECO, ANTHONY  
842 SE 46 LN  
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent  
**81** Name **Moeller Karl**  
**82** Street Address (P.O. Box Number is Not Acceptable) **336 Morse Plaza**  
**83**  
**84** City **Ft. Myers** **FL** **85** Zip Code **33905**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Karl F. Moeller Karl F. Moeller 2-17-96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> DELETE <b>GRECO, ANTHONY</b> <b>842 SE 46 LN</b> <b>CAPE CORAL FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <input checked="" type="checkbox"/> DELETE <b>FURDELL, ROBIN</b> <b>2142 W GARDENIA CI</b> <b>RN FT MYERS FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> DELETE <b>MOELLER, KARL F</b> <b>336 MORSE PLZ</b> <b>FT MYERS FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> DELETE <b>SOWA, ROSEMARY</b> <b>107 FIRST STR</b> <b>FT MYERS FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> DELETE <b>GOWING, BILL</b> <b>1133 SE 29 STR</b> <b>CAPE CORAL FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> DELETE <b>UNDERWOOD, LLOYD</b> <b>5917 LITTLESTONE COURT</b> <b>CAPE CORAL FL 33404</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>President</b> <b>Mc Cormack James</b> <b>5362 Coral Ave.</b> <b>Cape Coral FL 33904</b>
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Vice President</b> <b>Agnew John Dr.</b> <b>5095 Northampton Dr.</b> <b>Ft. Myers FL 33919</b>
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900001762629</b> <b>-03/29/96--01042--026</b> <b>***61.25</b>
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D Field Marshall</b> <b>Matthai Lloyd</b> <b>6881 Circle Dr.</b> <b>Ft. Myers FL 33905</b>
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D Field Marshall</b> <b>Sperber Bob</b> <b>2836 SE 19th Pl</b> <b>Cape Coral FL 33404</b>

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Karl F. Moeller Treas. 3-25-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

3-29-96