


FILE NOW: FILING FEE IS \$61.25

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Jul 13 1998 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753965
 1. Corporation Name
CAPE CORAL R/sea Hawks INC.

Principal Place of Business	Mailing Address
1827 SE 5th AVE CAPE CORAL, FL. 33990	

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

3. Date Incorporated or Qualified	08/27/1980
4. FEI Number	59-2629260
Applied For	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. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

SCOTT Jacobs
 1827 SE 5th AVE
 CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

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

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 Scott A. Jacobs Scott A. Jacobs DATE 6-1-98

12. OFFICERS AND DIRECTORS

TITLE	President	<input checked="" type="checkbox"/> DELETE
NAME	James McCormack	
STREET ADDRESS	6362 Coral Ave	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	John Agnew	
STREET ADDRESS	5095 Northampton Dr.	
CITY-ST-ZIP	FT. MYERS FL. 33919	
TITLE	Treasurer	<input checked="" type="checkbox"/> DELETE
NAME	Rosemary Sowa	
STREET ADDRESS	107 First St.	
CITY-ST-ZIP	FT. MYERS FL. 33907	
TITLE	Secretary	<input checked="" type="checkbox"/> DELETE
NAME	Frank Digilio	
STREET ADDRESS	3614 SE 21st	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROSEMARY SOWA (D)	
1.3 STREET ADDRESS	4928 Seville Court	
1.4 CITY-ST-ZIP	CAPE CORAL FL. 33904	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Agnew (D)	
2.3 STREET ADDRESS	5095 Northampton Dr.	
2.4 CITY-ST-ZIP	FT. MYERS FL 33919	
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Larry Marshall (D)	
3.3 STREET ADDRESS	16506 Slater Road	
3.4 CITY-ST-ZIP	N. Ft. Myers FL. 33917	
4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SCOTT JACOBS (D)	
4.3 STREET ADDRESS	1827 SE. 5th AVE	
4.4 CITY-ST-ZIP	CAPE CORAL FL 33990	
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		

All 4 are Directors

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Scott A. Jacobs DATE: 6-1-98 (94) 458-4808

CR2E037 (10/97)