

9-17-97 B-8379 C
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 17 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 # **F96000004106 (8)**

1. Corporation Name
DACAPO COMPANY, LTD.

Principal Place of Business

**230 PARK AVE., #1567
NEW YORK NY 10017**

Mailing Address

**230 PARK AVE., #1567
NEW YORK NY 10017**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 P.O. Box 222		26 P.O. Box 222		08/12/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 Cold Spring NY		28 Cold Spring, NY		22-2607017	Not Applicable
24 Zip 10516		29 Zip 10516		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
SEITZ, HOWARD G ESQ. 11392 TURTLE BEACH RD. LOST TREE VILLAGE NORTH PALM BEACH FL 33408		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City			
		85 Zip Code			

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	
Signature, typed or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS					
TITLE	PDC ☐ DELETE				
NAME	CABOT, FRANCIS H				
STREET ADDRESS	81 MAIN ST.				
CITY-ST-ZIP	COLD SPRING NY 10516				
TITLE	I ☐ DELETE				
NAME	GORDON, MARGARET				
STREET ADDRESS	81 MAIN ST.				
CITY-ST-ZIP	COLD SPRING NY 10516				
TITLE	VSD ☐ DELETE				
NAME	SEITZ, HOWARD G				
STREET ADDRESS	230 PARK AVE., #1567				
CITY-ST-ZIP	NEW YORK NY 10017				
TITLE	D ☐ DELETE				
NAME	CABOT, F C				
STREET ADDRESS	2809 N. PROSPECT ST.				
CITY-ST-ZIP	MILWAUKEE WI 53211				
TITLE	☐ DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	☐ Change ☐ Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	☐ Change ☐ Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	☐ Change ☐ Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	☐ Change ☐ Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	☐ Change ☐ Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	☐ Change ☐ 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 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:

[Signature]

9/15/97 9:42:25.2011

CR2E034 (4/97)