

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 4/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

FILED

**95 JUL 25 AM 10: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000075737 (4)

1. Corporation Name

SOUTHERN CAPE PRODUCTS, INC.

Principal Place of Business

Mailing Address

**397 GILSTON COURT
HEATHROW FL 32746**

**397 GILSTON COURT
HEATHROW FL 32746**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

2a. Date of Last Report

10/13/1994

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

Country

Zip

Country

24

25

29

30

4. FEI Number

Applied For

59-3273600

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$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

10. Name and Address of New Registered Agent

**HUGHES, GARY
397 GILSTON COURT
HEATHROW FL 32746**

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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

By signed, typed or printed name of registered agent and filed a declaration

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

HUGHES, GARY

STREET ADDRESS

397 GILSTON COURT

CITY - ST - ZIP

HEATHROW FL 32746

11 TITLE

Change

Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE

D

NAME

SHUSTER, SOLLY

STREET ADDRESS

397 GILSTON COURT

CITY - ST - ZIP

HEATHROW FL 32746

21 TITLE

Change

Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE

D

NAME

SHUSTER, E.Z.

STREET ADDRESS

397 GILSTON COURT

CITY - ST - ZIP

HEATHROW FL 32746

31 TITLE

Change

Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE

41 TITLE

Change

Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY - ST - ZIP

44 CITY - ST - ZIP

TITLE

51 TITLE

Change

Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY - ST - ZIP

54 CITY - ST - ZIP

TITLE

61 TITLE

Change

Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY - ST - ZIP

64 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 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 in an attachment with an address

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature Plate #)

GARY P. HUGHES **GARY P. HUGHES** 7/21/95 **407-328-8622**

CR2E034 (3/95)