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PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 JAN 29 PM 12:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P96000005371 (5)**

1. Corporation Name
CAPRICORN USA, INC.

Principal Place of Business	Mailing Address
4360 NORTHLAKE BLVD. STE 205 PALM BEACH GARDENS FL 33410	4360 NORTHLAKE BLVD. STE 205 PALM BEACH GARDENS FL 33410-6265

3. Date Incorporated or Qualified: 01/16/1996
3a. Date of Last Report:

2. Principal Place of Business
21 1016 Clemons St., #301
Suite, Apt. #, etc.
22 301
City & State
23 Jupiter, FL
Zip 24 -33477 Country 25 USA

2a. Mailing Address
26 1016 Clemons St., #301
Suite, Apt. #, etc.
27 301
City & State
28 Jupiter, FL
Zip 29 33477 Country 30 USA

4. FEI Number: 65-0634859 ☐ 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

WASHOFSKY MARTIN E JR
4360 NORTHLAKE BLVD STE 205
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name: Jay Stoelting
82 Street Address (P.O. Box Number is Not Acceptable): 1016 Clemons Street, #301
83
84 City: Jupiter FL 85 Zip Code: 33477

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: Jay Stoelting
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STOELTING, JAY R 4360 NORTHLAKE BLVD. STE 205 PALM BEACH GARDENS FL 33410 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Michael W. Beaupre 1016 Clemons Street, #301 Jupiter, FL 33477 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP Kenneth E. Morris VP Fain Shaffer 1016 Clemons Street, #301 Jupiter, FL 33477 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Sec/T Jay Stoelting 1016 Clemons Street, #301 Jupiter, FL 33477 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	400002079344--0 -02/06/97--01003--002 ****200.00 ****165.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	1/7/97 ☐ Change ☐ Addition

CR2E034 (9/96)

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: Jay Stoelting 1-23-97 800-220-7747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #