


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90093 010 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000022057

1. Corporation Name
 CAPRICORN II, INC.

Principal Place of Business
 3600-34TH STREET SO.
 ST PETERSBURG FL 37711

Mailing Address
 3600-34TH STREET SO.
 ST PETERSBURG FL 37711



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 CAPRICORN II / P. LANE

2a. Mailing Address
 26 CAPRICORN II / P. LANE
 1654 LANDINGS BLVD

3. Date Incorporated or Qualified
 03/07/1996
 FEI Number
 65-0647719
 Applied For
 Not Applicable

22 1654 LANDINGS BLVD
 City & State
 23 SARASOTA FL

27
 City & State
 28 SARASOTA FL

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 34231 25 SARASOTA

29 34231 30 SARASOTA

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

SANCHEZ, ALBERT A JR
 1133 FOURTH ST
 SARASOTA FL 34326

10. Name and Address of New Registered Agent

81 Name PETER LANE
 82 Street Address (P.O. Box Number is Not Acceptable) 1654 LANDINGS BLVD
 83 SARASOTA
 84 City SARASOTA
 85 Zip Code FL 34231

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 PETER LANE. *Peter Lane* DATE 1-20-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LANE, PETER	
STREET ADDRESS	3600-34TH STREET SO.	
CITY-ST-ZIP	ST PETERSBURG FL 37711	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ZUSSMAN, DAVID	
STREET ADDRESS	3600-34TH STREET SO.	
CITY-ST-ZIP	ST PETERSBURG FL 37711	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LANE PETER	
1.3 STREET ADDRESS	1654 LANDINGS BLVD	
1.4 CITY-ST-ZIP	SARASOTA FL 34231	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ZUSSMAN DAVID	
2.3 STREET ADDRESS	1654 LANDINGS BLVD	
2.4 CITY-ST-ZIP	SARASOTA FL 34231	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER LANE. *Peter Lane* DATE 1-20-99 / 941 922 2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)