FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 3:41

DOCUMENT # P94000063521 (6)

1. Corporation Name
CAPE BOUNTY INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~390 W RIVERBEND DR~~ ~~SUNRISE FL 33326-2220~~ 20441 NW 4TH ST. PEMBROKE PINES, FL. 33029	~~390 W RIVERBEND DR~~ ~~SUNRISE FL 33326-2220~~ 20441 NW 4TH ST. PEMBROKE PINES, FL. 33029

3. Date Incorporated or Qualified: 08/25/1994
3a. Date of Last Report: N.A.

2. Principal Place of Business	2a. Mailing Address
21 20441 NW 4TH ST.	26 20441 NW 4TH ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PEMBROKE PINES, FL 33029	City & State 28 PEMBROKE PINES, FL.
Zip 24 33029 Country 25 USA	Zip 29 33029 Country 30 USA

4. FEI Number — 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	10. Name and Address of New Registered Agent
PERRY, C. RICHARD ~~390 W RIVERBEND DR~~ ~~SUNRISE FL 33326-2220~~ 20441 NW 4TH ST. PEMBROKE PINES, FL. 33029	81 Name: C. RICHARD PERRY 82 Street Address (P.O. Box Number is Not Acceptable): 20441 NW 4TH ST. 83 84 City: PEMBROKE PINES FL 85 Zip Code: 33029

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: C. Richard Perry (C. RICHARD PERRY) 13 JAN 95
(Corporate Typed or Printed Name of Registered Agent and Title of Officer) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ~~ADDITIONS~~/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME PERRY, PAMELA D STREET ADDRESS ~~390 W RIVERBEND DR~~ → CITY-ST-ZIP ~~SUNRISE FL 33326-2220~~	1.1 TITLE D, P, S ☒ Change ☐ Addition 1.2 NAME PAMELA D. PERRY 1.3 STREET ADDRESS 20441 NW 4TH ST. 1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33029
TITLE D NAME PERRY, C. RICHARD STREET ADDRESS ~~390 W RIVERBEND DR~~ → CITY-ST-ZIP ~~SUNRISE FL 33326-2220~~	2.1 TITLE D, V, T ☒ Change ☐ Addition 2.2 NAME PERRY, C. RICHARD 2.3 STREET ADDRESS 20441 NW 4TH ST. 2.4 CITY-ST-ZIP PEMBROKE PINES, FL. 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS 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 is voluntarily furnished and 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: PAMELA D. PERRY 13 JAN 95 305-438-4470
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0234722 CP