FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # プロクロク

1	FANCIAS OF CAPRI ISLES CO	` (U)	ATION		
Principal F	Place of Business				
1	NIDA ESTANCIAS K 1947	Mailing Address PO BOX 1947 VENICE FL 34284 US			
2. Principa	al Place of Business			 Date Incorporated or Qualified 05/27/1980 	3a. Date of Last Report 04/13/1995
21		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2069986	Not Applicable
City & State		27		5. Certificate of Status Desired	\$8.75 Additional
23		City & State		6. Election Campaign Financing	Fee Required
Zip 24	Country	Zip	Country	Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25 9. Name and Address of Curren	29	30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☐ Yes ☐ No
	The reduces of Current	registered Agent	81 Nam	10. Name and Address of New F	Pegistered Agent
GIBSON, JOHN L. 650 F AVENIDA ESTANCIAS VENICE FL 34293- 349 2 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes or registered agent, or both, in the State of Florida. Such change was authorized familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			82 Stree 83 84 City	et Address (P.O. Box Number is Not Acceptab	- 85 Zin Code
or regist familiar SIGNATURE					pose of changing its registered office introduced agent. I am
12,	Signature, typed or printed name of registered agent and title if applicable (NOTE: OFFICERS AND DIRECTORS		: Registered Agent signature		DATE
TITLE	רט	[WELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
NAME STREET ADDRESS	-HELDMANN, GEORGE J -754D AVENIDA ESTANCIAS		1.2 NAME	GIBSON, JOHN L	☐ Change ☐ Addition
CITY-ST-ZIP	VENICE FL		1.3 STREET ADDRESS	2175E AJENIDA PSTAN	ACIAS
TITLE	STD :	T OF LET	1.4 CITY - ST - ZIP	TUDE AVENIA ESTAN VENICE, FL JUZZZ	,
NAME	SZYMANSKI, STEPHANIE	DELETE	2 1 TITLE		Change Addition
STREET ADDRESS	762B AVENIDA ESTANCIAS VENICE FL		2.2 NAME 2.3 STREET ADDRESS		
City-St-ZIP TITLE	VENICE PL		2. 4 City-St-Zip	1	
NAME	SUAU, ELIO	DELETE	3.1 TITLE		Change Addition
STREET ADDRESS	752L AVENIDA ESTANCIAS		3.2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP	VENICE FL		3.3 STREET ADDRESS		
TITLE	10	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		
NAME CTREET ADDRESS	HILLMAN, JOHN B.		4. 2 NAME		Change Addition
STREET ADDRESS	758 E AVENIDA ESTANCIAS VENICE FL		4.3 STREET ADDRESS		1
CITY-ST-ZIP TITLE	VENTOL I L		4.4 CITY-ST-ZIP		
NAME	•	DELETE	5.1 TITLE		Change C Addition
STREET ADDRESS			5.2 NAME	800001841 -05/28/960102	
CITY-ST-ZIP			53 STREET ADDRESS	-05/28/960102°	7022
TITLE		DELETE	5.4 CITY-ST-ZIP	***61.25	
IAME			6.1 TITLE 6.2 NAME		☐ Change ☐ ddition
STREET ADDRESS			6.3 STREET ADDRESS		5/
ITY-ST-ZIP			PRO SINCE I ANDMERS		7/41

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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96 Date

Daytime Phone #