


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

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Jul 03 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # H36484 (4)</b> 1. Corporation Name <b>CAPEVIEW CONSTRUCTION, INC.</b>					
Principal Place of Business <b>7 W MAIN STREET SUITE 800 APOPKA FL 32703 US</b>			Mailing Address <b>7 W MAIN STREET SUITE 200 APOPKA FL 32703-5185 US</b>		
2. Principal Place of Business 21 <b>1957 LAKE FRANCIS DR</b> Suite, Apt. #, etc. 22 <b>APOPKA, FL.</b> City & State 23 <b>32712</b> Zip Country 24 <b>USA</b>		2a. Mailing Address 26 <b>1957 LAKE FRANCIS DR</b> Suite, Apt. #, etc. 27 <b>APOPKA, FL</b> City & State 28 <b>32712</b> Zip Country 29 <b>USA</b>		3. Date Incorporated or Qualified <b>01/03/1985</b> 3a. Date of Last Report <b>07/02/1996</b> 4. FEI Number <b>59-2510656</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>CRAVEN, D. WAYNE 1957 LAKE FRANCIS DR. APOPKA FL 32712</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE <b>P</b> <input type="checkbox"/> DELETE NAME <b>CRAVEN, D. WAYNE</b> STREET ADDRESS <b>1957 LAKE FRANCIS DR.</b> CITY-ST-ZIP <b>APOPKA FL</b>			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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 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: **D. WAYNE CRAVEN** 6/21/97 6:03pm 5185

CR2E034 (9/96)