

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90012 015 ***300.00

DOCUMENT # 240296

1. Corporation Name

CAPCO PRODUCTS, INC.

Principal Place of Business

2020 N.W. MIAMI CT.
MIAMI FL 33127

Mailing Address

2020 N.W. MIAMI CT.
MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1960

4. FEI Number

59-0918119

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

ZUKERMAN, MORRIS
2020 NW MIAMI COURT
MIAMI FL 33127

10. Name and Address of New Registered Agent

81 Name

ELISA COTON

82 Street Address (P.O. Box Number is Not Acceptable)

2020 NW MIAMI COURT

83

84 City

MIAMI,

FL

85 Zip Code

33127

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

Elisa Coton

ELISA COTON

4-28-99

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 PD ☒ DELETE
NAME ZUCKERMAN, MORRIS
STREET ADDRESS 2020 NW MIAMI CT
CITY-ST-ZIP MIAMI, FL 00000
DECEASED
9-27-98

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/ DIRECTOR ☒ Change ☐ Addition
1.2 NAME ENID ZUCKERMAN
1.3 STREET ADDRESS 875 WEST END AVE APT 12F
1.4 CITY-ST-ZIP NEW YORK, N.Y. 10025

2.1 TITLE VICE/PRESIDENT ☐ Change ☒ Addition
2.2 NAME ELISA COTON
2.3 STREET ADDRESS 2020 NW MIAMI COURT
2.4 CITY-ST-ZIP MIAMI, FL. 33127

3.1 TITLE SEC/TREAS. ☐ Change ☒ Addition
3.2 NAME RONALD H. GITTER
3.3 STREET ADDRESS 110 EAST 59TH STREET
3.4 CITY-ST-ZIP NEW YORK, N.Y. 10022

4.1 TITLE VICE/PRESIDENT/DIRECTOR ☐ Change ☒ Addition
4.2 NAME SUZAN ZUCKERMAN
4.3 STREET ADDRESS 7540 LEXINGTON AVE
4.4 CITY-ST-ZIP LOS ANGELES, CA. 90046

5.1 TITLE DIRECTOR ☐ Change ☒ Addition
5.2 NAME DEBRA ZUCKERMAN
5.3 STREET ADDRESS 69 HAVERSTOCK HILL
5.4 CITY-ST-ZIP LONDON NW3 4SL ENGLAND

6.1 TITLE DIRECTOR ☐ Change ☒ Addition
6.2 NAME DAVID MILLER
6.3 STREET ADDRESS 88 BLEECKER STREET, #6N
6.4 CITY-ST-ZIP NEW YORK, N.Y. 10012

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:

Elisa Coton

ELISA COTON

4-29-99

Date

305-573-8120

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

0183417