

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 268185 (6)

1. Corporation Name

CAVALIER INTERNATIONAL OPERATIONS, INC.



Principal Place of Business

% CARITA M. WELLS
1435 W BUSCH BV STE A
TAMPA FL 33612

Mailing Address

% CARITA M. WELLS
1435 W BUSCH BV STE A
TAMPA FL 33612

3. Date Incorporated or Qualified
03/21/1963

3a. Date of Last Report
06/29/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-1919957

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

WELLS, CARITA M.
1435 W BUSCH BV STE A
TAMPA FL 33612

81 Name

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

83

84 City

FL

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 one of the incorporators

(Initials) Registered Agent Signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DS
WELLS, CARITA M.
STREET ADDRESS
1435 W BUSCH BV STE A
CITY-ST-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
TPD
ANDERSON, DIANE E.
STREET ADDRESS
2073 S. FEDERAL HWY
CITY-ST-ZIP
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
D/V/T
ANDERSON, DIANE E.
2.3 STREET ADDRESS
2073 S. FEDERAL HWY.
2.4 CITY-ST-ZIP
FT. LAUDERDALE, FL

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
D/P
GRUPP, DAVID
3.3 STREET ADDRESS
2073 S. FEDERAL HWY.
3.4 CITY-ST-ZIP
FT. LAUDERDALE, FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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)(k), 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:

Diane E. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96

DATE

954-463-2433

DAYTIME PHONE

CR2E034 (12/95)