


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

FILED  
Apr 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 298714  
1. Corporation Name  
KAPSEL INC

Principal Place of Business Mailing Address  
1065 S. FLORIDA AVE  
LAKELAND, FL 33803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 2928 Redwood Ave  
22 City & State 27 City & State  
23 LAKELAND 28 LAKELAND  
24 Zip 25 Country 29 33803 30 FL

3. Date Incorporated or Qualified 11/12/65  
4. FEI Number 59-1160761 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
ISAAC M SELIG  
2928 REDWOOD AVE  
LAKELAND, FL 33803

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PROV.	<input type="checkbox"/> DELETE
NAME	ISAAC M SELIG	
STREET ADDRESS	2928 Redwood Ave	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	SARA SELIG	
STREET ADDRESS	2928 REDWOOD AVE	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	GAIL KADWAY	
STREET ADDRESS	23 HENNINGWAY DR	
CITY-ST-ZIP	SPRINGDALE, GA 31411	
TITLE	STOCKHOLDER	<input type="checkbox"/> DELETE
NAME	EDITH WOLKE	
STREET ADDRESS	2675 CRATER RIDGE RD	
CITY-ST-ZIP	MARIETTA, GA 30062	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	000002480880
5.3 STREET ADDRESS	-04/07/98--01015--014
5.4 CITY-ST-ZIP	***150.00
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 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: \_\_\_\_\_ DATE: 3/31/98 941 608 546

CR2E034 (10/97)