

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 456449 (8)
1. Corporation Name
CAPO, INC.



Principal Place of Business
2 SUNSHINE BLVD
PO BOX 775
ORMOND BEACH FL 32175-7775

Mailing Address
P.O. DRAWER 730429
PO BOX 775
ORMOND BEACH FL 32173-0429
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2 Sunshine Blvd. Suite, Apt. #, etc. 22 City & State 23 Ormond Beach FL Zip 24 32174	2a. Mailing Address 26 PO Drawer 730429 Suite, Apt. #, etc. 27 City & State 28 Ormond Beach FL Zip 29 32173-0429	3. Date Incorporated or Qualified 07/05/1974	4. FEI Number 59-1741005	Applied For Not Applicable
Country 25 USA	Country 30 US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ASCIK, MARK A.
2 CROOKED BRIDGE WAY
ORMOND BEACH FL 32174

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

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	<input type="checkbox"/> DELETE
NAME	ASCIK, MARK	
STREET ADDRESS	2 CROOKED BRIDGE WAY	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BANKER, RICHARD	
STREET ADDRESS	107 ANCHOR DRIVE	
CITY-ST-ZIP	PONCE INLET FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LANDORF, C. DUKE	
STREET ADDRESS	23 FOXFORDS CHASE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MATTER, JAN D.	
STREET ADDRESS	855 HEWITT DRIVE	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRINDLE, DON W.	
STREET ADDRESS	9 CARMEL TERRACE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HEWITT, JOHN M. III	
STREET ADDRESS	9 SEA DRIFT TERRACE	
CITY-ST-ZIP	ORMOND BEACH FL	

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 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:

C. Duke Landorf

4/24/98

CR2E034 (10/97)