

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

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Leona B. Murrain
Secretary of State

1995
3-1-95

B.6911-nc

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS

DOCUMENT # **463365**

(7)

95 MAY - 1 AM 8:00

C.A.P. INDUSTRIES, INC.

2. Principal Office Address: 600 ANSIN BLVD. P.O. BOX 189 HALLANDALE FL 33009-2118
 2a. Mailing Address: 600 ANSIN BLVD. P.O. BOX 189 HALLANDALE FL 33009-2118

3. Date of Incorporation: 11/13/1974
 3a. Date of Last Report: 08/05/1994

21. State App. #	26. State App. #	4. FEI Number: 59-1561768	Applicable / Not Applicable
22. City & State	27. City & State	5. Certificate of Status Debated	\$8.75 Additional Fee Required
23. No. of Directors	28. No. of Directors	6. Director Campaign Financing / Proxy Contest Contributions	\$5.00 May Be Added in Fees
24. No. of Officers	29. No. of Officers	30. County	8. This corporation has voluntarily filed its report for the period: <input type="checkbox"/> No <input type="checkbox"/> Yes

9. Name and Address of Current Registered Agent
PICKMAN, ARTHUR P
 600 ANSIN BLVD.
 HALLANDALE FL 33009

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Applicable)
 B3
 B4 City, State (FL), Zip Code

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, this officer/registered corporation certifies the statement for the purpose of filing said registered office or registered agent is true and correct. This statement was prepared by the corporation/registered office or registered agent and is true and correct. I hereby certify that the registered office or registered agent is true and correct. I hereby certify that the registered office or registered agent is true and correct.

12. OFFICERS AND DIRECTORS	13. ADVERTISING COUNCILS TO OFFICERS AND DIRECTORS
NAME: P PICKMAN, ARTHUR 6 FOXFIRE ROAD HOLLYWOOD FL ST PICKMAN, CLAIRE 6 FOXFIRE ROAD HOLLYWOOD FL	1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME

14. I, the undersigned, certify that the information required with this filing is complete, accurate and correct, and that I am not aware of any information that would cause me to believe that the information is false or misleading. I hereby certify that the information is true and correct. I hereby certify that the information is true and correct. I hereby certify that the information is true and correct.

SIGNATURE: *Arthur P. Pickman*
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95 305 458-4700