

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

CORPORATION

ANNUAL REPORT

1995

5-1-95



FLORIDA DEPARTMENT OF STATE

REGISTRATION

Secretary of State

1000 Brantley Street

Tallahassee, FL 32304-0001

DOCUMENT # 463365

(7)

C.A.P. INDUSTRIES, INC.

1. Name of Corporation
2. Address of Registered Agent
3. Date Incorporated
4. D.O.B. of Incorporating Officer
5. Certificate of Status Entered
6. Election Campaign Financing
7. Other Corporation Activity
8. Name and Address of Current Registered Agent
9. Name and Address of New Registered Agent
10. Name and Address of New Registered Agent
11. Signature of the President or Vice President or Secretary of State
12. Office Title and Address
13. Additional Office Address
14. Signature
15. Signature
16. Signature
17. Signature
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29. Signature
30. Signature

FILED
SECRETARY OF STATE
OF FLORIDA, A.D. 9

95 MAY - 1 AM 8:00

600 ANSIN BLVD.
P.O. BOX 189
HALLANDALE FL 33009-2118

600 ANSIN BLVD.
P.O. BOX 189
HALLANDALE FL 33009-2118

[1] [2] [3] [4] [5] [6] [7] [8]

3a. Date of Last Report

11/13/1974

08/05/1994

4. D.O.B. of Incorporating Officer	Applied For
59-1561768	Not Applicable
5. Certificate of Status Entered	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
7. Other Corporation Activity	For incorporation under Chapter 893, Fla. Statutes
8. Name and Address of Current Registered Agent	PICKMAN, ARTHUR P 600 ANSIN BLVD. HALLANDALE FL 33009
9. Name and Address of New Registered Agent	81. Name
	82. Street Address, City & Zip Number, if Not Applicable
	83.
	84. City
	85. Zip Code

11. I, the undersigned, the president or vice president or secretary of state, do hereby certify that the above named corporation, subject to the statement for the purpose of changing its registered office, is incorporated under the laws of the State of Florida, and that the corporation is subject to the supervision of the Board of Trustees of the state of the corporation, or registered agent, and further, will, and do hereby certify that the corporation has no activity, for which registration under Chapter 893, Fla. Statutes.

12. OFFICE TITLE AND ADDRESS

P
PICKMAN, ARTHUR
6 FOXFIRE ROAD
HOLLYWOOD FL

ST

PICKMAN, CLAIRE

6 FOXFIRE ROAD

HOLLYWOOD FL

13. ADDITIONAL OFFICE ADDRESS

1. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
15. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	16. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
17. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	18. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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21. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
23. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
25. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	26. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
27. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
29. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	30. NAME	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

14. I, the undersigned, the president or vice president or secretary of state, do hereby certify that the information supplied with the filing is complete, accurate and true and ready for the example as reflected in the Florida Business Register, that the information indicated on this annual report is supplemental annual report is true and accurate and that my signature shall have the same legal effect and force as if it were an original or a facsimile of this corporation or the officer, director or employee to whom the report is addressed by Chapter 893, Florida Statutes, and that my name appears on the back of this document or on another sheet with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95

305 458-4700