

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

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

DOCUMENT # 591536 (8)

95 MAY - 1 PM 11:41

1. Corporation Name CAPRIS SALES CORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business: 1401 NW 27TH AVE Ocala FL 32675
Mailing Address: 1401 NW 27TH AVE Ocala FL 32675

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1978
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-1865982
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent: INTERIAN, PEDRO R, 1401 NW 27TH AVE, Ocala FL 32675
10. Name and Address of New Registered Agent: (Blank)

11. Pursuant to the provisions of Sections 607.0107 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 607.0105, Florida Statutes.

SIGNATURE: (Blank)

12. OFFICERS AND DIRECTORS: STV INTERIAN, PEDRO R, 3628 SE 18TH AVE, Ocala FL; PS STUBBS, CA, 14494 SE 143RD TERR, WEIRSDALE FL
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: (Blank)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.07(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of this corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1 of Block 1 of Change or on an attachment with an address.

SIGNATURE: (Handwritten Signature) 4/28/95 (904) 627-8889