

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **591536** (8)  
1. Corporation Name  
**CAPRIS SALES CORPORATION**



Principal Place of Business: **1401 NW 27TH AVE. OCALA FL 34475 US**  
Mailing Address: **1401 NW 27TH AVE. OCALA FL 34475 US**

3. Date Incorporated or Qualified: **11/01/1978**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-1865982**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**  
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

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  
**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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> DELETE
STV	INTERIAN, PEDRO R	3628 SE 18TH AVE	OCALA FL	
PS	STUBBS, CA	14494 SE 143RD TERR	WEIRSDALE FL	<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6764 Cherry Rd.	Ocala, FL 34472	
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		Weirsdale, FL	32195	
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Charles H. Stubbs* DATE: **1/24/96** PHONE: **352-629-8889**

CR2E034 (12/95)