

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **698632** (7)
1. Corporation Name
CAPE TOOL & DIE, INC.

Principal Place of Business 1006 S E 9TH STR CAPE CORAL FL 33990	Mailing Address 1006 S E 9TH STR CAPE CORAL FL 33990
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/12/1981	3a. Date of Last Report 04/02/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2114412		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		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 ABRAMS, RAY 4106 SE 20TH PLACE CAPE CORAL FL 33904		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2. DELETED		2.1 TITLE	
3. DELETED		2.2 NAME	
4. DELETED		2.3 STREET ADDRESS	
5. DELETED		2.4 CITY-ST-ZIP	
6. DELETED		3.1 TITLE	
7. DELETED		3.2 NAME	
8. DELETED		3.3 STREET ADDRESS	
9. DELETED		3.4 CITY-ST-ZIP	
10. DELETED		4.1 TITLE	
11. DELETED		4.2 NAME	
12. DELETED		4.3 STREET ADDRESS	
13. DELETED		4.4 CITY-ST-ZIP	
14. DELETED		5.1 TITLE	
15. DELETED		5.2 NAME	
16. DELETED		5.3 STREET ADDRESS	
17. DELETED		5.4 CITY-ST-ZIP	
18. DELETED		6.1 TITLE	
19. DELETED		6.2 NAME	
20. DELETED		6.3 STREET ADDRESS	
21. DELETED		6.4 CITY-ST-ZIP	

14. I do 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: _____

CR2E034 (4/97)