

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra P. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744985

(3)

1. Corporation Name

CAPE MATES, INC.



Principal Place of Business

917 SE 47TH TERR
CAPE CORAL FL 33904

Mailing Address

917 SE 47TH TERR
CAPE CORAL FL 33904

3. Date Incorporated or Qualified
11/16/1978

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALBRIGHT, JESSIE
1412 SE 23RD AVENUE
CAPE CORAL FL 33990

81 Name Thelma DeLORENZO

82 Street Address (P.O. Box Number is Not Acceptable)
240 SE 6 ST

83

84 City CAPE CORAL FL 85 Zip Code 33940

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Thelma De Lorenzo

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when not stated)

3-24-96
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME ALBRIGHT, JESSIE
STREET ADDRESS 1412 SE 23RD AVENUE
CITY-ST-ZIP CAPE CORAL FL

TITLE VP ☒ DELETE
NAME DELORENZO, THELMA
STREET ADDRESS 240 SE 6TH STREET
CITY-ST-ZIP CAPE CORAL FL 00000

TITLE S ☒ DELETE
NAME STRICKLAND, FAE
STREET ADDRESS 3736 SE 12TH AVE., #A-202
CITY-ST-ZIP CAPE CORAL, FL 00000

TITLE T ☐ DELETE
NAME KEIL, JANE
STREET ADDRESS 2300 SW 39TH TERRACE
CITY-ST-ZIP CAPE CORAL, FL 00000

TITLE D ☒ DELETE
NAME MATLACK, TREMA
STREET ADDRESS 629 SW 22ND STREET
CITY-ST-ZIP CAPE CORAL FL

TITLE D ☐ DELETE
NAME GAHAUF, GRACE
STREET ADDRESS 2029 SE 27TH TERRACE
CITY-ST-ZIP CAPE CORAL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Thelma DeLORENZO ☐ Change ☐ Addition
1.2 NAME 240 SE 6 ST
1.3 STREET ADDRESS CAPE CORAL FL 33940
1.4 CITY-ST-ZIP

2.1 TITLE VP ☐ Change ☐ Addition
2.2 NAME TREMA MATLACK
2.3 STREET ADDRESS 629 SW 22ND ST
2.4 CITY-ST-ZIP CAPE CORAL FL

3.1 TITLE S ☐ Change ☐ Addition
3.2 NAME JODY GARMON
3.3 STREET ADDRESS 2744 SW 25TH PL
3.4 CITY-ST-ZIP CAPE CORAL FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME 900001763939
4.3 STREET ADDRESS -04/01/96--01018--028
4.4 CITY-ST-ZIP ***61.25

5.1 TITLE D ☐ Change ☐ Addition
5.2 NAME Joan Kenneke
5.3 STREET ADDRESS 841 Monticello Ct.
5.4 CITY-ST-ZIP Cape Coral FL

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME GRACE GAHAUF
6.3 STREET ADDRESS 2029 SE 27TH TERRACE
6.4 CITY-ST-ZIP CAPE CORAL FL

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jody Garmon

(Signature and typed or printed name of signing officer or director)

JODY GARMON

Mar 7, 1996

Date

Daytime Phone #

CR2E037 (12/95)