## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

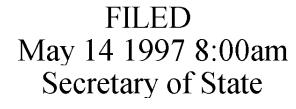
## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

CAPE MATES, INC.



)											
Principal Place	e of Business	Mailing Addi	Malling Address 917 SE 47TH TERR CAPE CORAL FL 33904-9009			<del></del>	EBARA ABBAH BABAH BABAH TURUK KATI	EL BATT BABAT DAD	il Olfil Blok el	A II A BARAN 1890	
917 SE 47TH TO CAPE CORAL F											
						3. Date	Incorporated or Qualified 1/16/1978	i 3a. Da	te of Last R 03/30/19	eport <b>96</b>	
2. Principal P	face of Business	— ~	2a. Mailing Address				4. FEI Number Applied F 59-1873874 Not Applie			plied For t Applicable	
Sulte, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certifi	cate of Status Desired		\$8.75 / Fee Re		
City & State	e	<b>├</b> ─┐ `	City & State			<b>I</b>	on Campaign Financing Fund Contribution		\$5.00 Added t		
Zip	Zip Country		Zip Co. <b>30</b>		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No				
-	9. Name and Address of (	29   Current Registered Age		<u> </u>			and Address of New F	Registered /	gent		
				81	Name		, , , , , , , , , , , , , , , , , , , ,				
DELORENZO, THELMA 240 SE 6 ST				82	Street	Address (P.O. Bo	ress (P.O. Box Number is Not Acceptable)				
	ORAL FL 33990			83							
UAIL O	OTHE TE GOSSO								T. 1-=-		
				84	City			FL	<b>85</b> Zip (	Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 6 egistered agent, or both, in the m familiar with, and accept the	17.0502 and 617.1508, F State of Florida. Such c obligations of, Section 6	lorida Statutes, hange was aut 317.0503, Florid	the above horized by la Statutes	e-named the cor	corporation subm poration's board c	nits this statement for the of directors. I hereby acc	purpose of ept the appo	changing it pintment as	s registered registered	
SIGNATURE											
	Signature, typed or printed name of regist		(NOTE: R		ent signatur	e required when reinstatin		DATE	DIDEOLOD	0.181.40	
12.	P	RS AND DIRECTORS	AND DIRECTORS  DELETE		13. 1.1 TITLE		ONS/CHANGES TO OFF	ILLERS AND	Change	Addition	
NAME	DELORENZO, THELMA	<u> </u>	<u></u>		1.2 NAME				- Crisings	L / Advictori	
STREET ADDRESS	240 SE 6ST			1.3 STREET ADDRESS		ļ.					
CITY-ST-ZIP	CAPE CORAL FL 33990		1.4 CITY-ST-ZIP								
TITLE	VP	DELETE		2.1 TITLE					Change	Addition	
NAME	MATLACK, TREMA			2.2 NAME					_ •		
STREET ADDRESS	629 SW 22ND ST		2.3 STREET ADDRESS								
CITY-ST-ZIP	CAPE CORAL FL			2. 4 CITY - 5							
TITLE	\$		DELETE	3.1 TITLE					Change	Addition	
NAME	GARMON, JODY			3.2 NAME							
STREET ADDRESS	2744 SW 28TH PL	2744 SW 28TH PL		3.3 STREET	ADDRESS						
CITY-ST-ZIP	CAPE CORAL FL			3.4. CITY-5	ST-ZIP						
TITLE	T	<u> </u>	DELETE	4.1 TITLE		7			Change	Addition	
NAME	KEIL, JANE			4. 2 NAME			neyer, HEL	-EN			
STREET ADDRESS	2300 SW 39TH TERRAC			4.3 STREE		1 -	LAND LANE				
CITY-ST-ZIP	CAPE CORAL, FL 00000			4.4 CITY - S	ST-ZIP	PUNTA GOI	RDA, FL 3395	<u> </u>			
TITLE	D		DELETE	5.1 TITLE					Change	Addition Addition	
NAME	KENNEKE, JOAN			5.2 NAME							
STREET ADDRESS	841 MONTICELLO CT.			5.3 STREET	ADDRESS						
CITY-ST-ZIP	CAPE CORAL FL			5.4 CITY - S	T-ZIP						
TITLE	0	×	DELETE	6.1 TITLE		D			☐ Change	M Addition	
NAME	GAHAUF, GRACE			6.2 NAME		KEIL, J	ANE				
	2029 SE 27TH TERRAC	_		U.Z NAME		2300 S	W 39TH TERRA	1/A			

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