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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744985

1. Corporation Name
CAPE MATES, INC.

542893 - 90342 - 11

Principal Place of Business	Mailing Address
917 SE 47TH TERR CAPE CORAL FL 33904	917 SE 47TH TERR CAPE CORAL FL 33904

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/16/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1873874 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DELORENZO, THELMA
240 SE 6 ST
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name: JANE C KEIL
82 Street Address (P.O. Box Number is Not Acceptable): 2300 S.W. 39th TER
83
84 City: CAPE CORAL FL 85 Zip Code: 33914

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: JANE C KEIL — Jane C Keil — Mar 5, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director ☐ DELETE	1.1 TITLE	P ☐ Change ☐ Addition
NAME	DELORENZO, THELMA	1.2 NAME	MEYER, HELEN
STREET ADDRESS	240 SE 6ST	1.3 STREET ADDRESS	25270 Rolandlane
CITY-ST-ZIP	CAPE CORAL FL 33990	1.4 CITY-ST-ZIP	Punta Gorda, Fl 33955
TITLE	Director ☐ DELETE	2.1 TITLE	VP ☐ Change ☐ Addition
NAME	MATLACK, TREMA	2.2 NAME	KENNEKE, JOAN
STREET ADDRESS	629 SW 22ND ST	2.3 STREET ADDRESS	841 Monticello Ct
CITY-ST-ZIP	CAPE CORAL FL 33991	2.4 CITY-ST-ZIP	Cape Coral, Fl 33904
TITLE	Sec. ☐ DELETE	3.1 TITLE	Director ☐ Change ☐ Addition
NAME	SEVATI, MARYANN	3.2 NAME	Grace Hamaus
STREET ADDRESS	1323 SE 23RD AVE	3.3 STREET ADDRESS	2029 S.E. 27 TER.
CITY-ST-ZIP	CAPE CORAL FL 33990	3.4 CITY-ST-ZIP	Cape Coral, Fl 33904
TITLE	Pres. ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MEYER, HELEN	4. 2 NAME	
STREET ADDRESS	25270 ROLAND LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33955	4.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	5.1 TITLE	☐ Change ☐ 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-ST-ZIP	
TITLE	Treas. ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	KEIL, JANE	6.2 NAME	
STREET ADDRESS	2300 S.W. 39TH TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33914	6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — Mar 5, 1999 — 941-542-4996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #