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NONPROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

(7)

CAPRI HARBOR, PHASE I, INC.						
Principal Place of Business	Mailing Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
12354 CAPRI CIR N	C/O LAMONT					
TREASURE ISLAND FL 33706	205 104 AVE TREASURE ISLAND FL	33706			Tan 19-1-101	ant Donort
US	US		3. Date Incorporated or Qualified 04/16/1982	3a. Date of La	1/1995	
	2a. Mailing Address			4. FEI Number	00,0	Applied For
2. Principal Place of Business	2a. Maning Address			59-2284441		Not Applicable
Suite Apt #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	() +	.75 Additional
	27			5. Certificate of Status Desired	- F	ee Required
City & State	City & State			6. Election Campaign Financing	1 1	5.00 May Be
	28	Countr		Trust Fund Contribution 8. This corporation has liability for	A	
Zip Country 25	<i>Ζ</i> φ	30	y	Florida Statutes	Yes No	3. 100.00E,
9. Name and Address of Currer		-1901		10. Name and Address of New	Registered Agent	
		8-	1 Name			
LAMONT, SUE		8:	2 Street A	ddress (P.O. Box Number is Not Accepta	ıble)	
250 104 AVE		83				
TREASURE ISLAND FL 33706						
		8	4 City		FL 85	Zip Code
 Pursuant to the provisions of Sections 617.050 or registered agent, or both, in the State of Flor 	ition 617.0503, Florida Statute	S.				
familiar with, and accept the obligations of, Sec		OTE Booklered A	ieral signature fe	gjirschwhen reinstatingt	DATE	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 360-3644 Dayline Prone #