ANNU	NPROFIT PORATION AL REPORT 1996		2	B. Morthar ary of State	m )			
	JENT#	771026	(2)					
	CAPPED MEET	CHRIST, INC.						
Principal Place	of Business		Mailing Address				0.116	
%HARRIET MOLINKSKI 669 N.W. 15TH AVE. BOCA RATON FL 33486			%HARRIET MOLENSKI 669 N.W. 15TH AVE. BOCA RATON FL 33486			Date Incorporated or Qualified	3a. Date of Last	Report
US			U\$			11/01/1983	03/16/19	995
. Principal Pla	ace of Business		2a. Mailing Address 26			4. FEI Number 59-2584212		opplied For Not Applicable
Suite, Apt. #	⊭, etc.		Suite, Apt. #, etc.		·····	5. Certificate of Status Desired		Additional Required
City & State	)		City & State			6. Election Campaign Financing	\$5.00	May Be
3		untry	<b>28</b> Zip	Cou	intry	Trust Fund Contribution  8. This corporation has liability for its		to Fees
Zip 	25	unuy	29	30		Florida Statutes	ີ່ Yes <b>∑X</b> No	100.002,
	9. Name and Ad	ddress of Current R	egistered Agent		81 Name	10. Name and Address of New R	egistered Agent	
	KI, HARRIET				82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
	. 15TH AVE.				83			
BUCA H	ATON FL 33486				84 City		85 Zig	) Code
					Only		FL   "	, 2000
			1 042 4500 Finder Chat	tan the ch	l l	protion submits this statement for the null	roose of changing its r	egistered office
or register familiar wit	red eaent or both in	n the State of Florida .	d 617.1508, Florida Statu Such change was authori €17.0503, Florida Statute	zed by the	ove-named corporation's bo	oration submits this statement for the pur ard of directors. I hereby accept the app	roose of changing its r	egistered office agent. I am
or register familiar wit	red agent, or both, in th, and accept the o	n the State of Florida.  Abligations of, Section  name of registered agent and	Such change was authori 617.0503, Florida Statute	zed by the S. OTE: Registere	d Agent signature requi	ard of directors. Thereby accept the app	pose of changing its r ointment as registered	agont ram
or register familiar wit SIGNATURE _ 12.	red agent, or both, in th, and accept the o	n the State of Florida. Ibligations of, Section	Such change was authorice 617.0503, Florida Statute of the if applicable NORECTORS	zed by the s.	d Agent signature requi	ard or directors. Thereby accept the app	pose of changing its r ointment as registered	agont ram
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or register famihar wit SIGNATURE _ 12. ITILE WAME STREET ADDRESS CITY-SI-ZIP ITILE VAME STREET ADDRESS CATY-SI-ZIP	ed agent, or both, in th, and accept the o signature, typed or printed D MOLINSKI, BE 669 N.W. 15TH BOCA RATON D KENNEY, EILE 3868 N.W. 4TI BOCA RATON	n the State of Florida.  Abligations of, Section  Frame of registered agent and  OFFICERS AND C  RNARD  H AVE.  FL  SEN M.  H COURT	Such change was authori. 617.0503, Florida Statute  India if epipicable. (N DIRECTORS  DELETE	OTE: Registere 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	d Agont signature requi	ard of directors. Thereby accept the app	pose of changing its rointment as registered  DATE  ICERS AND DIRECTO  Change	DRS IN 12
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Date

Daytinie Phone #

SIGNATURE: SIGNATURE OF PRINTED MAME OF BIGNING OFFICER OR DIRECTOR