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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 825802 1. Corporation Name

CAPPLANCO FIVE, INC.

				_				
Principal Place	of Business	Mailing Address				20112 HS: 2181		
1850 STUDT AVENUE		11850 STUDT AVENUE	The state of the s		1			
1890 STUDT AVENUE 2.O. BOX 419121		P.O. BOX 419121		DO NOT	MOITE IN TU	IE COACE		
T. LOUIS MO 63141		ST. LOUIS MO 63141			DO NOT WRITE IN THIS SPACE			
·					3. Date Incorporated or Qua 02/23/1971	alited		
2. Principal P	ace of Business	2a. Mailing Address	-	****	4. FEI Number		Ap	plied For
21 1 111100part		26			43-0964038		No.	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		-	5. Certifcate of Status Desir	ed 🗆	\$8.75	
2		27			3. Certificate of Charles 2001		Fee Re	quired
City & Stat	e .	City & State			6. Election Campaign Finan	cing _	\$5.00	
3		28			Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Cour	itry	8. This corporation owes the	e current year		₩
.4	25	29	30		Personal Property Tax.		Yes	MNo
-	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of I	lew Registere	ed Agent	
	# T			81 Name				
	CORPORATION SYSTEM		ŀ	82 Street Ac	ddress (P.O. Box Number is Not A	cceptable)		
1200	S. PINE ISLAND ROAD			000	in the second of			<u> 1931 91 91 188 </u>
Plai	NTATION FL 33324		Ì	83				
	•		,	-			85 Zip	Code
				84 City		F		
	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	ations of, Section 607.0505, FI	orida Statu	tes.	juired when reinstating)	DATE	-	 ,
office or signature	registered agent, or both, in the state im familiar with, and accept the obliga-	ations of, Section 607.0505, FI	orida Statu	tes.	ation's board of directors. I hereby ation's hard of directors. I hereby ADDITIONS/CHANGES T	DATE	AND DIRECTO	DRS IN 12
office or agent. It agent.	registered agent, or both, in the state im familiar with, and accept the obliga-	ations of, Section 607.0505, FI	orida Statu	tes.	juired when reinstating)	DATE	-	
SIGNATURE 12.	registered agent, or both, in the State Im familiar with, and accept the obligation Signature, typed or printed name of registered agents OFFICERS A	ations of, Section 607.0505, Fl ent and title if applicable. (NOT	orida Statu	Agent signature requ	juired when reinstating) ADDITIONS/CHANGES T	DATE	AND DIRECTO	DRS IN 12
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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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, pop an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SCHULZ 1/6/99

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90007 007 ***150.00