

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **856635** (8)

1. Corporation Name  
**SANITY SAVER CAP COMPANY**



Principal Place of Business: 1105 NORTH MARKET STREET, SUITE 1600, POST OFFICE BOX 2166, WILMINGTON DE 19899  
Mailing Address: 1105 NORTH MARKET STREET, SUITE 1600, POST OFFICE BOX 2166, WILMINGTON DE 19899

2. Principal Place of Business: 21 Same  
2a. Mailing Address: 26 Same  
22. City & State: 27  
23. Zip: 28 Country: 29 Country: 30

3. Date Incorporated or Qualified: 05/10/1983  
3a. Date of Last Report: 03/30/1995  
4. FEI Number: 51-0289331  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**MORRIS, IRVING  
C/O SUN AND SURF  
100 SUNRISE AVENUE  
PALM BEACH FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WAVE, LARRY E.	
STREET ADDRESS	1810 EVERGREEN DR	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOODS, RICHARD S.	
STREET ADDRESS	1811 EVERGREEN DR	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WOODS, CAROL	
STREET ADDRESS	1811 EVERGREEN DR.	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORRIS, IRVING	
STREET ADDRESS	1105 N MARKET ST #1600	
CITY-ST-ZIP	WILMINGTON DE	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or as an attachment with an address.

SIGNATURE: *Irving Morris* 2-22-96 436-0400  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)