

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 # **F31253** (0)

1. Corporation Name
G.W. KAPSALES, INC.



Principal Place of Business
**5960 30TH AVENUE SOUTH
GULFPORT FL 33707**

Mailing Address
**5960 30TH AVENUE SOUTH
GULFPORT FL 33707**

3. Date Incorporated or Qualified 04/20/1981	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2082627	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**KAPSALES, FIFI
5960 30TH AVENUE SOUTH
GULFPORT FL 33707**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	5960 30TH AVENUE SOUTH	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
STREET ADDRESS	GULFPORT FL	2.1 TITLE	2.2 NAME
CITY - ST - ZIP	VD	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	KAPSALES, WILLIAM	3.1 TITLE	3.2 NAME
NAME	5960 30TH AVENUE SOUTH	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
STREET ADDRESS	GULFPORT FL	4.1 TITLE	4.2 NAME
CITY - ST - ZIP	VD	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	KAPSALES, PETER	5.1 TITLE	5.2 NAME
NAME	128 VELAND STREET	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
STREET ADDRESS	MIDDLETOWN NJ	6.1 TITLE	6.2 NAME
CITY - ST - ZIP	D	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
TITLE	KAPSALES, JAMES	900001736689 -03/08/96---01019---001 ***200.00	
NAME	2745 LALKINS ROAD		
STREET ADDRESS	HERNDON VA		
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
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 on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fifi Kapsales
Fifi Kapsales

Daytime Phone #

CR2E034 (12/95)