PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90056 030 ***150.00

1. Corporation	MENT # F42265 CAPES, INC.					
Principal Place	of Business	Mailing Address		FROM THE BLOCK HOLD THE BURN ASSISTANCE OF THE PROPERTY OF THE BURN OF THE BUR	IBŠI DIOM OSDAJ DA	OII AIBEI LOQU
C/O VAN MARTIN PO BOX 160703 12681 S. DIXIE HWY MIAMI FL 33116				DO NOT WRITE IN THIS SPACE		
MIAMI FL 33156 US				3. Date Incorporated or Qualifed		$\overline{}$
03				08/27/1981	•	
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Apr	olied For
21 26				65-0170725	Not	Applicable
Suite, Apt. #, etc. 22 12677 S. DIXE HWY. 27				5. Certificate of Status Desired	\$8.75 A	
City & State	0	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	,
Zip	Country	Zip	Country	8. This corporation owes the current year Int		_
24	25	29 3	30	Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent	
MARTIN, MARK, DREW 12681 S DIXIE HWY MIAMI FL 33156			81 Name 82 Street / 83	Address (P.O. Box Number is Not Acceptable)		
			84 City	ANTIGORE A CONFL	85 Zip C	ode
agent. I ai	m familiar with, and accept the obligation familiar with, and accept the obligation familiar with a second	ons of, Section 607.0505, Floridand title if applicable. (NOTE: F	da Statutes. Registered Agent signature re	oration's board of directors. I hereby accept the appointment of the sequired when reinstating) ADDITIONS/CHANGES TO OFFICERS AN		
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	PD		1.2 NAME		•	_
NAME	MARTIN, MARK DREW 12681 S DIXIE HWY		1.3 STREET ADDRESS	12677 S. DIXIB HWY.		Ì
STREET ADDRESS	MIAMI FL		1.4 CITY-ST-ZIP	12011		Ì
CITY-ST-ZIP TITLE	STD	DELETE	2.1 TITLE		☐ Change	Addition
NAME	VAN, MARTIN	_	2.2 NAME			-
STREET ADDRESS	12681 S DIXIE HWY		2.3 STREET ADDRESS			
	MIAMI FL		2.4 CITY-ST-ZIP	- 1 5-1	<u> </u>	
CITY-ST-ZIP	WILMAN	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME	• •		
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4,3 STREET ADDRESS		•	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	٠	
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5,2 NAME			Î
STREET ADDRESS			5.3 STREET ADDRESS	, , , , ,		
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	·	Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			į
CITY OT 75D			6.4 CITY-ST-ZIP			l

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, or on an apachment with an address, with all other like empowered.

SIGNATURE: