FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

NEW YORK NY 10036

2a. Mailing Address

City & State

Suite, Apt. #, etc.

% TANNENBAUM DUBIN & ROBINSON

1140 AVENUE OF AMERICAS

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F65502 1. Corporation Name

Principal Place of Business

PLANTATION FL 33324

% C T CORPORATION SYSTEM 8751 W. BROWARD BLVD.

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE

City & State

22

CAPISLE INVESTMENTS INC.

3	•	28			Trust Fund Contribution	<u> </u>	Added to	Fees
Zip	Country	Zip	Country	, = 	8. This corporation owes the curren			
	25	29 30		Personal Property Tax.		· · · · · · · · · · · · · · · · · · ·		□No
	9. Name and Address of Current F	<u> </u>			10. Name and Address of	f New Registered A	\gent	
The state of the s				Name				
CT CORPORATION SYSTEM			82	Street Address	ss (P.O. Box Number is Not.	Acceptable)	.	
1200 S. PINE ISLAND ROAD			62	Street Addres	•	1. 1000 passion, 11. 1471 - Frank July 14181, L.	581 A F17 22 +11 97	क्षा है, तस विक्र
PLANTATION FL 33324			83		THE PROPERTY.			
			_	City 85 Zip Code				
			84	City		FL	65 Zip C	,000
	to the provisions of Sections 607.0502	and 607 1508. Florida Statutes	s. the abov	e-named corpor	ration submits this statement	for the purpose of	hanging its	registered
41. 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 of the originative of corporation 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 Stepeture, broad or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).								
	Signature, typed or printed name of registered agent a OFFICERS AND		13.		ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECTO	RS IN 12
12.	PD OFFICERS AND	DIRECTORS	1.1 TITLE	T	15. 5. 4. 5. 5. 5.		Change	☐ Addition
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STREET ADDRESS				i				
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CITY-ST-ZIP	10 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	this filing does not qualify for	the exemp	tion stated in Se	ection 119.07(3)(i), Florida S	tatutes. I further cer	tify that the i	nformation
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 attachment with an address, with all other like empowered.								

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90014 038 ***158.75



DO NOT WRITE IN THIS SPACE

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Applied For

Fee Required

\$5.00 May Be

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

02/02/1982

13-3152435

4. FEI Number