

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 28 1997 8:00am
Secretary of State

DOCUMENT # F96000000661 (6)

1. Corporation Name

CAPRICORN PARTNERS, INC.



Principal Place of Business

840 1ST NATIONAL PLAZA, 100 W KENNEDY BLVD
TAMPA FL 33602

Mailing Address

840 1ST NATIONAL PLAZA, 100 W KENNEDY BLVD
TAMPA FL 33602

3. Date Incorporated or Qualified

02/09/1996

3a. Date of Last Report

2. Principal Place of Business

21 5100 W. Kennedy Blvd

Suite, Apt. #, etc.

22 Ste. 350

City & State

23 Tampa, FL

Zip 33609

Country USA

2a. Mailing Address

26 5100 W. Kennedy Blvd.

Suite, Apt. #, etc.

27 Ste. 350

City & State

28 Tampa, FL

Zip 33609

Country USA

4. FEI Number

59-3333527

Applied For

Not Applicable

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

SCHLAIFER, DAVID A
840 1ST NATIONAL PLAZA, 100 W KENNEDY BLVD
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

David A. Schlaifer

82 Street Address (P.O. Box Number is Not Acceptable)

5100 W. Kennedy Blvd

83

Ste. 350

84

City
Tampa

FL

85

Zip Code
33609

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DPT
SCHLAIFER, DAVID A
STREET ADDRESS
840 1ST NATIONAL PLAZA, 100 W KENNEDY BLVD
CITY-ST-ZIP
TAMPA FL 33602

TITLE ☐ DELETE

NAME
DS
ENTHOVEN, PATRICK R
STREET ADDRESS
913 PARK LN
CITY-ST-ZIP
SANTA BARBARA CA 93013

TITLE ☐ DELETE

NAME
D
SNEGLAR, GEOFF E
STREET ADDRESS
53 MAIN ST
CITY-ST-ZIP
JOHANNESBURG, S AFRICA 2000

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

NAME
DPT
Schlaifer, David A.
STREET ADDRESS
5100 W. Kennedy Blvd., Ste 350
CITY-ST-ZIP
Tampa, FL 33609

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-97

Date

813-639-9200

Daytime Phone #

CR2E034 (9/96)