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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000000662 (4)

1. Corporation Name

CAPRICORN MANAGEMENT, INC.

Principal Place of Business

840 2ST NATIONAL PLAZA, 100 W KENNEDY BLVD
TAMPA FL 33602

Mailing Address

840 2ST 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.

Ste. 350

City & State

23 Tampa, FL

Zip

24 33609

Country

25 U.S.A.

2a. Mailing Address

26 5100 W. Kennedy Blvd

Suite, Apt. #, etc.

27 Ste. 350

City & State

28 Tampa, FL

Zip

29 33609

Country

30 U.S.A.

4. FEI Number

59-3333524

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 2ST 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 DPST ☐ DELETE
NAME SCHLAIFER, DAVID A
STREET ADDRESS 840 2ST NATIONAL PLAZA, 100 W KENNEDY BLVD
CITY-ST-ZIP TAMPA FL 33602

TITLE D ☐ DELETE
NAME ENTHOVEN, PATRICK
STREET ADDRESS 913 PARK LN
CITY-ST-ZIP SANTA BARBARA CA 93013

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE DPST ☒ Change ☐ Addition
1.2 NAME Schlaifer, David A.
1.3 STREET ADDRESS 5100 W. Kennedy Blvd., Ste. 350
1.4 CITY-ST-ZIP Tampa, FL 33609

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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)