

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G53073** (4)

1. Corporation Name

CAP AND CAP, INC.



Principal Place of Business

**5125 34TH ST. S.
ST. PETERSBURG FL 33711**

Mailing Address

**5125 34TH ST. S.
-ST. PETERSBURG FL 33711 -**

2. Principal Place of Business

21 **14389 83rd PLACE NORTH**

Suite, Apt. #, etc.

City & State

23 **SEMINOLE FL.**

Zip

24 **34646**

Country

25 **U.S.A.**

2a. Mailing Address

26 **14389 83rd PLACE NORTH**

Suite, Apt. #, etc.

City & State

28 **SEMINOLE FL.**

Zip

29 **34646**

Country

30 **U.S.A.**

g. Name and Address of Current Registered Agent

**GEORGE L. HAYES III, ESQ.
696 FIRST AVE., N. STE. 303
ST. PETERSBURG FL 33701**

3. Date Incorporated or Qualified
08/01/1983

3a. Date of Last Report
04/11/1995

4. FEI Number
59-2334204

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

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-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **LEVEY, JOEL**
STREET ADDRESS **5125 34TH ST. S.**
CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE **VO** ☐ DELETE
NAME **LEVEY, DEBBIE**
STREET ADDRESS **5125 34TH ST. S.**
CITY-ST-ZIP **ST. PETERSBURG FL 33711**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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:

JOEL S. LEVEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

397-4574
Daytime Phone #

CR2E034 (12/95)