

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H22346

1. Corporation Name

CAPBEL PROPERTIES, INC.

Principal Place of Business

**1470 PERIWINKLE WAY, P.O. BOX 1
SANIBEL FL 33957**

Mailing Address

**P.O. BOX 539
SANIBEL FL 33957
US**

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90020 035 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1984

4. FEI Number

59-2453398

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

**BURNS, PETER J.
9028 MOCKINGBIRD LANE
SANIBEL FL 33957**

10. Name and Address of New Registered Agent

81

DAVID A OWENS

82

2440 PALM RIDGE ROAD

83

84

SANIBEL

FL

85

33957

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	PD	<input type="checkbox"/> DELETE
NAME	BURNS, MICHAEL R.	
STREET ADDRESS	9279 SIERRA MAR RD	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ERDMIER, DOUG	
STREET ADDRESS	159 MELROSE	
CITY-ST-ZIP	KENILWORTH, IL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ERDMIER, THOMAS A.	
STREET ADDRESS	1750 N CLEVELAND	
CITY-ST-ZIP	CHICAGO IL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	OWENS, DAVE	
STREET ADDRESS	2440 PALM RIDGE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURNS, KEVIN	
STREET ADDRESS	15 RIVER LANE	
CITY-ST-ZIP	WESTPORT CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

DAVID A OWENS 2/5/99

941-472-1439

CR2E034 (11/98)