

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

**FILED**  
**May 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # H82207 (2)**  
 1. Corporation Name  
**CAXAMBAS ASSOCIATES, INC.**



Principal Place of Business <b>945 CAXAMBAS DR MARCO ISLAND FL 33937-5907 US</b>	Mailing Address <b>945 CAXAMBAS DR MARCO ISLAND FL 33937-5907 US</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/23/1985</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent <b>PARKER, GEORGE 945 CAXAMBAS DR MARCO ISLAND FL 33937</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THERMANSEN, MARTHA</b>	1.2 NAME	
STREET ADDRESS	<b>5320 N. LAKE DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MILWAUKEE WI</b>	1.4 CITY-ST-ZIP	
TITLE	<b>CP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKER, GEORGE</b>	2.2 NAME	
STREET ADDRESS	<b>945 CAXAMBAS DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARCO FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKER, GEORGE III</b>	3.2 NAME	
STREET ADDRESS	<b>2833 RIVER ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VIRGINIA BEACH VA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUMPIANO, ELIZABETH</b>	4.2 NAME	
STREET ADDRESS	<b>107 CALLE TRES HERMANOS</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CONDADO PR</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHULTZ, PATRICIA</b>	5.2 NAME	
STREET ADDRESS	<b>2512 N. RIO GRANDE DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MERRILL WI 54452</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *George Parker* George Parker 4/20/98 608/882-2523

CR2E034 (10/97)