FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -7 AM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J01760** **(4)**

1. Corporation Name
CAPBEL OPERATING CORPORATION

Principal Place of Business	Mailing Address
1470 PERWINKLE WAY SANIBEL FL 33957	P.O. BOX 539 SANIBEL FL 33957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/24/1986**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-2666551** ☐ 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

BURNS, PETER
9028 MOCKING BIRD
SANIBEL FL 33957

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	BURNS, MICHAEL R.	12 NAME		
STREET ADDRESS	9279 SIERRA MAR RD	13 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	ERDMER, DOUG	22 NAME		
STREET ADDRESS	159 MELROSE	23 STREET ADDRESS		
CITY-ST-ZIP	KENILWORTH IL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	ERDMER, THOMAS	32 NAME		
STREET ADDRESS	1750 W. CLEVELAND	33 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	34 CITY-ST-ZIP		
TITLE	SDT	41 TITLE	ST	☒ Change ☐ Addition
NAME	BURNS, KEVIN	42 NAME	PETER J. BURNS	
STREET ADDRESS	15 RIVER LANE	43 STREET ADDRESS	9028 MOCKINGBIRD DR.	
CITY-ST-ZIP	WESTPORT CT	44 CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BURNS, KEVIN	52 NAME		
STREET ADDRESS	15 RIVER LANE	53 STREET ADDRESS		
CITY-ST-ZIP	WESTPORT CT	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Peter J Burns Peter J BURNS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483947 FP