FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **J70796** **(4)**

1. Corporation Name

CAPRICORN FOODS, INC.

Principal Place of Business	Mailing Address
2540 SHADER RD. ORLANDO FL 32804	~~P. O. BOX 547125 ORLANDO FL 32854 US~~

3. Date Incorporated or Qualified: 04/30/1987	3a. Date of Last Report: 09/01/1995
4. FEI Number: 59-2792469	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	

2. Principal Place of Business	2a. Mailing Address
21	26 400 Arabian Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Palm Beach, FL
Zip 24 / Country 25	Zip 29 33480 / Country 30 USA

9. Name and Address of Current Registered Agent

CATHCART, CHRISTOPHER C
330 N. BROADWAY AVENUE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: Robert L. Young –
82 Street Address (P.O. Box Number is Not Acceptable): 255 Orange Ave. – Suite 1600
83
84 City: Orlando FL 85 Zip Code: 32801

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: Robert L. Young DATE: 6/28/96

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	D	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	LOPER, LEELA Q		1.2 NAME
STREET ADDRESS	400 ARABIAN RD.		1.3 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH FL 33480		1.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	LOPER, CHARLES R		2.2 NAME
STREET ADDRESS	400 ARABIAN RD.		2.3 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH FL 33480		2.4 CITY-ST-ZIP
TITLE	D	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	LOPER, CHARLES E		3.2 NAME
STREET ADDRESS	306 EARL STREET		3.3 STREET ADDRESS
CITY-ST-ZIP	LONGWOOD FL 32750		3.4 CITY-ST-ZIP
TITLE		☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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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: [signature] 6/14/96 (407)844-1473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #