## 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 # **J70796**

1. Corporation Name

CAPRICORN FOODS, INC.

	•					[	
Principal Plac	e of Business	Mailing Address			T (#O(1) M Mill (MM)) 20011 10018 18110 MILL MAN	IS MINO NINCO NINCO	#(#I) # #   ( <b>##</b>
2540 SHADER	RD.	128 SATINWOOD LN					
ORLANDO FL 32804 PALM BCH GARDENS FL 3		3410					
		US <sub>,</sub>			DO NOT WRITE IN TH	IS SPACE	
	•	•			3. Date Incorporated or Qualifed		
				_	04/30/1987		
<b>⊢</b> ¬ '	Place of Business	2a. Mailing Address			4. FEI Number	<u>`</u>	oplied For
21		26		<del></del>	59-2792469		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27					equired
City & Stat	le .	City & State			6. Election Campaign Financing	•	May Be
23 7in	Country	Zip	Count		Trust Fund Contribution		to Fees
Zip	Country	<b>⊢</b> ' -	Count	У	8. This corporation owes the current year	Intangible Yes	DNo.
24	25	<del></del>	30		Personal Property Tax.		TINO.
	9. Name and Address of Current	Registered Agent	8	1 Name	10. Name and Address of New Registere	u Agent	
YOU	JNG, ROBERT L		٦	Ivalie			
	ORANGE AVE: STE 1600		8	2 Street Addre	ss (P.O. Box Number is Not Acceptable)		
	ANDO FL 32801		ļ. <u>.</u>		1 4 5 4 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	- 4. <u>2. 4. 4. 4.</u>	School at Recording
0112	71100 I C 02001		8	3			
	•		8	4 City	## 100 - 100	85 Zip	Code
Attack editorers	Est.	ARTHOUGH CO.			<b></b>		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute:	s, the abo	ve-named corpo	ration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its	registered reistered
occept I a	im familiar with, and accept the obligation	COLUMN CONTROL TO		, the corporation	no codia of alloctors: Thereby accept me opp	01110110111 40 10	9,010.00
agent. ra	itti taitiilai witti, and accept die obligatio	ons of; Section 607.0505, Flori	da Statute	8,			
SIGNATURE					·		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Ag		when reinstaling) DATE		
SIGNATURE	Signature, typed or printed name of registered agent of OFFICERS AND	and title if applicable. (NOTE: I	Registered Ag		when reinstaling) ; DATE ADDITIONS/CHANGES TO OFFICERS.		
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent of OFFICERS AND	and title if applicable. (NOTE: F	Registered Ag 13. 1.1 TITLE	ent signature required		AND DIRECTO	DRS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered agent of OFFICERS AND DEPT. LEELA Q	and title if applicable. (NOTE: I	Registered Ag 13. 1.1 TITLE 1.2 NAME	ent signature required			
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D LOPER, LEELA Q 400 ARABIAN RD.	and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STRE	ent signature required			
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D LOPER, LEELA Q 400 ARABIAN RD. PALM BEACH FL 33480	and title if applicable. (NOTE: I	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY-	ent signature required  ET ADDRESS ST-ZIP		☐ Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent of COFFICERS AND D LOPER, LEELA Q 400 ARABIAN RD. PALM BEACH FL 33480	and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE	ent signature required  ET ADDRESS SY-ZIP			
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent a OFFICERS AND D LOPER, LEELA Q 400 ARABIAN RD. PALM BEACH FL 33480 D . LOPER, CHARLES R	and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME	ent signature required		☐ Change	Addition
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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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAME

CITY-ST-ZIP

据的国际方法的图1

**FILED** 

Jan 21, 1999 8:00am

**Secretary of State** 01-21-1999 90030 022 \*\*\*150.00