

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # K03094 (5)

1. Corporation Name

CAPRICE PROPERTIES, INC.



Principal Place of Business

Mailing Address

**C/O CORP TAX DEPT. 15-586
850 MAIN STREET
BRIDGEPORT CT 06604-4913**

**C/O CORP TAX DEPT. 15-586
850 MAIN STREET
BRIDGEPORT CT 06604-4913**

3. Date Incorporated or Qualified
11/18/1987

3a. Date of Last Report
06/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

06-1224936

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

10. Name and Address of New Registered Agent

**MACFARLAND, RICHARD B.
7777 GLADES ROAD, SUITE 300
BOCA RATON FL 33434**

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

Signature of principal or product name of registered agent and title if applicable

(If title Registered Agent signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD BRESTOVAN, PETER M.**
STREET ADDRESS **850 MAIN ST.**
CITY-ST-ZIP **BRIDGEPORT CT**

TITLE ☐ DELETE
NAME **VD RICCI, FRANCES**
STREET ADDRESS **850 MAIN ST.**
CITY-ST-ZIP **BRIDGEPORT CT**

TITLE ☐ DELETE
NAME **VD BRENNAN, DOROTHEA**
STREET ADDRESS **850 MAIN STREET**
CITY-ST-ZIP **BRIDGEPORT CT**

TITLE ☐ DELETE
NAME **T MELLO, CARLOS**
STREET ADDRESS **850 MAIN STREET**
CITY-ST-ZIP **BRIDGEPORT CT**

TITLE ☐ DELETE
NAME **S PAYNE, CYNTHIA H.**
STREET ADDRESS **850 MAIN STREET**
CITY-ST-ZIP **BRIDGEPORT CT**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

**DIRECTOR
GEORGE MORRIS**

**SECRETARY
WILLIAM MARTIN**

**DIRECTOR
DAVID E.A. CARSON**

**DIRECTOR
EDWARD BUCNIS
850 main st.
bridgeport ct.**

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carla R. Mello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-96

Date

Signature Phone #

CR2E034 (3/96)