

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K11133** (1)

1. Corporation Name  
**C.A.P. INTERNATIONAL ACTIVITIES, INC.**



Principal Place of Business: **1215 W PALM AVE SARASOTA FL 34236**  
Mailing Address: **1215 W PALM AVE SARASOTA FL 34236**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt. #, etc.		26. State, Apt. #, etc.		<b>01/06/1988</b>	<b>02/24/1995</b>
22. City & State		27. City & State		4. FEI Number	Applied For
23. Zip		28. Zip		<b>65-0018484</b>	Not Applicable
24. Country		29. Country		5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
25. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>COX, RICHARD L. 1215 NORTH PALM AVENUE SARASOTA FL 34236</b>				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAPELL, WILLY</b>	1.2 NAME	
STREET ADDRESS	<b>2014 4TH ST</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>SARASOTA FL</b>	1.4 CITY, ST, ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAPELL, ANKE</b>	2.2 NAME	
STREET ADDRESS	<b>2014 4TH ST</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>SARASOTA FL</b>	2.4 CITY, ST, ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAPELL, SUSANN</b>	3.2 NAME	
STREET ADDRESS	<b>2014 4TH ST</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>SARASOTA FL</b>	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		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 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 as an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **01/24/1996**

CR2E034 (12/95)