

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Feb 10 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K11133 (1)**

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



Principal Place of Business <b>1215 W PALM AVE                  SARASOTA FL 34236</b>	Mailing Address <b>1215 W PALM AVE                  SARASOTA FL 34236-5602</b>
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3. Date Incorporated or Qualified <b>01/06/1988</b>	3a. Date of Last Report <b>02/06/1996</b>
4. FEI Number <b>65-0018484</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 200 S Washington Blvd</b> Suite, Apt. #, etc. <b>22 Suite 12</b> City & State <b>23 Sarasota, Fl 34236</b> Zip Country	2a. Mailing Address <b>Suite 12</b> <b>26 200 S Washington Blvd</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Sarasota, Fl 34236</b> Zip Country		
24	25	29	30

9. Name and Address of Current Registered Agent <b>COX, RICHARD L.                  1215 NORTH PALM AVENUE                  SARASOTA FL 34236</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable) <b>200 S Washington Blvd</b>	
83		Suite 12	
84 City <b>Sarasota</b>		85	Zip Code <b>FL 34236</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	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> <input type="checkbox"/> DELETE	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> <input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: *Willy Capell* **01.29.97**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)