

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

FILED  
Feb 19, 1999 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02-19-1999 90022 029 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # K11133  
1. Corporation Name  
C.A.P. INTERNATIONAL ACTIVITIES, INC.

Principal Place of Business  
200 S WASHINGTON BLVD  
SUITE 12  
SARASOTA FL 34236  
US

Mailing Address  
200 S WASHINGTON BLVD  
SUITE 12  
SARASOTA FL 34236  
US

3. Date Incorporated or Qualified  
01/06/1988

4. FEI Number  
65-0018484

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

2a. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

9. Name and Address of Current Registered Agent  
COX, RICHARD L.  
200 S WASHINGTON BLVD  
SUITE 12  
SARASOTA FL 34236

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

|                |                |         |
|----------------|----------------|---------|
| TITLE          | D              | DELETED |
| NAME           | CAPELL, WILLY  |         |
| STREET ADDRESS | 2014 4TH ST    |         |
| CITY-ST-ZIP    | SARASOTA FL    |         |
| TITLE          | D              | DELETED |
| NAME           | CAPELL, ANKE   |         |
| STREET ADDRESS | 2014 4TH ST    |         |
| CITY-ST-ZIP    | SARASOTA FL    |         |
| TITLE          | D              | DELETED |
| NAME           | CAPELL, SUSANN |         |
| STREET ADDRESS | 2014 4TH ST    |         |
| CITY-ST-ZIP    | SARASOTA FL    |         |
| TITLE          |                | DELETED |
| NAME           |                |         |
| STREET ADDRESS |                |         |
| CITY-ST-ZIP    |                |         |
| TITLE          |                | DELETED |
| NAME           |                |         |
| STREET ADDRESS |                |         |
| CITY-ST-ZIP    |                |         |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |        |          |
|--------------------|--------|----------|
| 1.1 TITLE          | Change | Addition |
| 1.2 NAME           |        |          |
| 1.3 STREET ADDRESS |        |          |
| 1.4 CITY-ST-ZIP    |        |          |
| 2.1 TITLE          | Change | Addition |
| 2.2 NAME           |        |          |
| 2.3 STREET ADDRESS |        |          |
| 2.4 CITY-ST-ZIP    |        |          |
| 3.1 TITLE          | Change | Addition |
| 3.2 NAME           |        |          |
| 3.3 STREET ADDRESS |        |          |
| 3.4 CITY-ST-ZIP    |        |          |
| 4.1 TITLE          | Change | Addition |
| 4.2 NAME           |        |          |
| 4.3 STREET ADDRESS |        |          |
| 4.4 CITY-ST-ZIP    |        |          |
| 5.1 TITLE          | Change | Addition |
| 5.2 NAME           |        |          |
| 5.3 STREET ADDRESS |        |          |
| 5.4 CITY-ST-ZIP    |        |          |
| 6.1 TITLE          | Change | Addition |
| 6.2 NAME           |        |          |
| 6.3 STREET ADDRESS |        |          |
| 6.4 CITY-ST-ZIP    |        |          |

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.

SIGNATURE: \_\_\_\_\_ DATE: 02.09.1999

CR2E034 (11/98)