

1-20-97 B-10'16 C  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jan 30 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # K47934 (0)**

1. Corporation Name  
**THE CAPRISE ORGANIZATION, INC.**



Principal Place of Business: **100 LAKESHORE DRIVE NORTH PALM BEACH FL 33406**

Mailing Address: **100 LAKESHORE DRIVE NORTH PALM BEACH FL 33408-3679**

3. Date Incorporated or Qualified: **11/22/1988**

3a. Date of Last Report: **05/02/1996**

4. FEI Number: **65-0082621**

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

2. Principal Place of Business: **Suite 1555**

2a. Mailing Address: **Suite 1555**

22. City & State

23. Zip: **33406**

24. Country: **USA**

9. Name and Address of Current Registered Agent

**CAPRISE, PETER A.**  
**C/O THE CAPRISE ORGANIZATION, INC**  
**100 LAKESHORE DRIVE, Suite 1555**  
**NORTH PALM BEACH FL 33406**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State: **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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>CAPRISE, PETER A.</b>	
STREET ADDRESS	<b>100 LAKESHORE DR., #1555</b>	
CITY - ST - ZIP	<b>NORTH PALM BCH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>CAPRISE, JOHN D.</b>	
STREET ADDRESS	<b>7770 VAQUERO DR.</b>	
CITY - ST - ZIP	<b>SCOTTSDALE AZ</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CAPRISE, FRANK</b>	
STREET ADDRESS	<b>100 LAKESHORE DR</b>	
CITY - ST - ZIP	<b>N PALM BCH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>146 N. COUNTRY CLUB DR.</b>
2.4 CITY - ST - ZIP	<b>MESA, AZ 85201</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>356 GOLFVIEW RD, APT 504</b>
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Peter A. Caprise* DATE: 1/24/97 (576) 877-1700 x21

CFR2034 (9/96)