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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

DOCUMENT # K47934 1. Corporation Name

THE CA	PRISE ORGANIZATION, INC	•		,			
				# 18618111 BIT BISH 18813	(alab ilgin a hah anak an	AN ANDRE BIBLI	4110 01011 (00)
					 		
Principal Plac	ce of Business	Mailing Address		I LOÙIRNI BUI DIRIN INDIR)((B)B (D(B))	81811 81811 1991
100 LAKESHORE DRIVE		100 LAKESHORE DRIVE					
SUITE 1555 #1555							
NORTH PALM BEACH FL 33406 NORTH PALM US US		NORTH PALM BEACH FL 33	406	DO NOT WRITE IN THIS SPACE			
03		03		3. Date Incorporated or Qu	alifed		
2 Principal C	Place of Business	2a Mailing Address		11/22/1988 4. FEI Number			
- A1/2-7	Cha. Id 41/0	2a. Mailing Address 26 6865 So - 68	th st.				oplied For
21 270 / Suite, Apt.	# atc	Suite, Apt. #, etc.	<u> </u>	65-0082621			ot Applicable
22 27 <i>H</i> 2		\vdash H		5. Certifcate of Status Desir	ed 🔀	\$8.75 A	
City & State		<u> </u>	6. Election Campaign Firan	cina	······································		
23 BOYLLIN NY 28 FRANCIN		- $ -$	WI	Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	Country	8. This corporation owes the	Current year intai		01000
24 //3	10 25	29 53136	30	Personal Property Tax:	-	Yes	□No
	9. Name and Address of Current	t Registered Agent		10. Name and Address o'	lew Registered A	gent	
040	NOISE DETERMINE		81 Name	•			
CAPRISE, PETER A.			82 Street Ad	Idress (P.O. Box Number is Not to	centable)		
C/O THE CAPRISE ORGANIZATION, INC			Cardot / to	island (i.e. Dox Mainber in view in			1
-190 LAKESHORE DRIVE			83 256	SOLF view Rd:	7554		
NORTH PALM BEACH FL 33406			84 City	BOLF WEW KE		les Zin C	
			G4 City		FL	1333	238 I
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named co	propration submits this statement h	r the purpose of ch	nanging its	registered
agent. I a	registered agent, or both, in the State of im familiar with, and accept the collection	nons of, Section 607.0505, Florid	nonzed by the corpora da Statutes.	ation's board or directors. Thereby	ccept the appoint	nent as reg	jistered
SIGNATURE	THE CO			7	123/27	است - سونجد	·
	Signature, typed or printed name of registered agent		Registered Agent signature requ		DATE		
12.	OFFICERS AND		13.	1 ADDITIONS/CHANGES T	OFFICERS AND		
TITLE	CARRIOE RETER A	☐ DELETE	1.1 TITLE		! 7	Change	Addition
NAME	CAPRISE, PETER A.		1.2 NAME	LOKES. 6814 5%	#207		
STREET ADDRESS	100 LAKESHORE DR., #1555		1.3 STREET ADDRESS	68655.6814 ST- FRANKIN, WI	53/31		}
CITY-ST-ZIP	NORTH PALM BCH FL	☐ ØELETE	1.4 CITY-ST-ZIP	PRANKINIWA	10000	7 77 Channa	
TITLE	CARRICE IOUN D	□ vereie	2.1 TITLE	1=-	, .	Change	☐ Addition
NAME	CAPRISE, JOHN D.		2.2 NAME		1		
STREET ADDRESS	140 N. COUNTRY CLUB DR.		2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	MESA AZ				1		- 1
NAME	b	□ DELETE	2.4 CITY-ST-ZIP		1	T Change	E Addition
MANIC	P PADDICE EDANK	☐ DELETE	3.1 TITLE		 [Change	Addition
CTDCCT ADDDCCC	CAPRISE, FRANK	DELETE	3.1 TITLE 3.2 NAME			☐ Change	Addition
STREET ADDRESS	CAPRISE, FRANK 356 GOLFVIEW RD., APT. 504	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS] Change	Addition
CITY-ST-ZIP	CAPRISE, FRANK		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4, CITY-ST-ZIP	. —————————————————————————————————————			
CITY-ST-ZIP TITLE	CAPRISE, FRANK 356 GOLFVIEW RD., APT. 504	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	. —————————————————————————————————————		☐ Change	☐ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CAPRISE, FRANK 356 GOLFVIEW RD., APT. 504	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4, CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE			Change	Addition Addition

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, urther 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 fiade under oath; that I am an officer or director of the corporation of the eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes of that my name appears in Block 12 or Block 13 if changed or on an attachment with an audress, with all other like empowered.

SIGNATURE:

414 423-3435