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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **K47934**
 1. Corporation Name
THE CAPRISE ORGANIZATION, INC.



Principal Place of Business 100 LAKESHORE DRIVE SUITE 1555 NORTH PALM BEACH FL 33406 US	Mailing Address 100 LAKESHORE DRIVE #1555 NORTH PALM BEACH FL 33406 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2407 Grand Ave	2a. Mailing Address 26 6865 So. 68th St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #207
City & State 23 Boxwin NY	City & State 28 Franklin WI
Zip 24 11570	Zip 29 53132
Country 25	Country 30

3. Date Incorporated or Qualified 11/22/1988	4. FEI Number 65-0082621	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
CAPRISE, PETER A.
C/O THE CAPRISE ORGANIZATION, INC
~~100 LAKESHORE DRIVE~~
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 **356 Golfview Rd #504**
 84 City **FL** 85 Zip Code **33408**

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 *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/23/99**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	CAPRISE, PETER A.
STREET ADDRESS	100 LAKESHORE DR., #1555
CITY-ST-ZIP	NORTH PALM BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	CAPRISE, JOHN D.
STREET ADDRESS	140 N. COUNTRY CLUB DR.
CITY-ST-ZIP	MESA AZ
TITLE	<input type="checkbox"/> DELETE
NAME	CAPRISE, FRANK
STREET ADDRESS	356 GOLFVIEW RD., APT. 504
CITY-ST-ZIP	N PALM BCH FL
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6865 S. 68th St #207
1.4 CITY-ST-ZIP	FRANKLIN, WI 53132
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **SIGNATURE REQUIRED** **1/23/99** **414 423-3435**

CR2E034 (1/198)