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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	
2. Principal Place of Business 21 2407 Grand Ave		2a. Mailing Address 26 6865 So. 68th ST.	
Suite, Apt. #, etc. 22 Box 150 NY		Suite, Apt. #, etc. 27 #207	
City & State 23 Box 150 NY		City & State 28 Franklin WI	
Zip 24 11570		Zip 29 53132	
Country 25		Country 30	
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 85 FL 33406			
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] (NOTE: Registered Agent signature required when reinstating) DATE 1/23/99			
12. OFFICERS AND DIRECTORS TITLE T <input type="checkbox"/> DELETE NAME CAPRISE, PETER A. STREET ADDRESS 100 LAKESHORE DR., #1555 CITY-ST-ZIP NORTH PALM BCH FL TITLE V <input type="checkbox"/> DELETE NAME CAPRISE, JOHN D. STREET ADDRESS 140 N. COUNTRY CLUB DR. CITY-ST-ZIP MESA AZ TITLE P <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 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 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			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)