

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

FILED
Jan 25, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



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

01-25-1999 90027 050 ***150.00

DOCUMENT # **L20349**

1. Corporation Name
CAPE VISCAYA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 1015 SE 47TH TERR. 1015 SE 47TH TERR.
 CAPE CORAL FL 33904 CAPE CORAL FL 33904

3. Date Incorporated or Qualified
10/04/1989

4. FEI Number **65-0149542** Applied For Not Applicable

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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

JAMES R HECKLER
1015 SE 97TH
CAPE CORAL FL 33907

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D HECKLER, JAMES R**

STREET ADDRESS **5312 SW 28TH PL**

CITY-ST-ZIP **CAPE CORAL FL 33941**

TITLE DELETE

NAME **D KOELBER, SHEILA K**

STREET ADDRESS **1116 SE 5TH ST**

CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE DELETE

NAME **JAMES R HECKLER**

STREET ADDRESS **5312 SW 28TH PL**

CITY-ST-ZIP **CAPE CORAL FL 33941**

TITLE DELETE

NAME **JAMES R HECKLER**

STREET ADDRESS **5312 SW 28TH PL**

CITY-ST-ZIP **CAPE CORAL FL 33941**

TITLE DELETE

NAME **JAMES R HECKLER**

STREET ADDRESS **5312 SW 28TH PL**

CITY-ST-ZIP **CAPE CORAL FL 33941**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME **65-0149542**

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 incorporator 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: **JAMES R HECKLER** **1/2/99** **941-569-5069**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)