

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

55 MAY -1 AM 10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **L27626** (5)

1. Corporation Name:
EARTHBASE, INC.

Principal Place of Business: **4207 VINELAND RD. SUITE M9 ORLANDO FL 32811 US**

Mailing Address: **% JAMES W BELCHER 4630 SOUTH KIRKMAN RD #103 ORLANDO FL 32811**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/06/1989**

3a. Date of Last Report: **07/18/1994**

21. Principal Place of Business	26. Mailing Address	4. FEI Number	Applied For
4207 VINELAND RD. SUITE M9 ORLANDO FL 32811 US	4207 VINELAND RD SUITE APT # etc M-9 ORLANDO FL	59-2980945	<input type="checkbox"/> Not Applicable
22. State, Apt #, etc	27. State, Apt #, etc	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
M-9	M-9	<input type="checkbox"/>	<input type="checkbox"/>
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
ORLANDO FL	ORLANDO FL	<input type="checkbox"/>	<input type="checkbox"/>
24. Zip	25. County	29. Zip	30. Country
32811	USA	32811	USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent										
BELCHER, JAMES W. 4630 SOUTH KIRKMAN RD. #103 ORLANDO FL 32811	<table border="1"> <tr> <td>B1 Name</td> <td></td> </tr> <tr> <td>B2 Street Address (P.O. Box Number is Not Acceptable)</td> <td>4207 VINELAND, M-9</td> </tr> <tr> <td>B3</td> <td></td> </tr> <tr> <td>B4 City</td> <td>ORLANDO FL</td> </tr> <tr> <td>B5 Zip Code</td> <td>32811</td> </tr> </table>	B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)	4207 VINELAND, M-9	B3		B4 City	ORLANDO FL	B5 Zip Code	32811
B1 Name											
B2 Street Address (P.O. Box Number is Not Acceptable)	4207 VINELAND, M-9										
B3											
B4 City	ORLANDO FL										
B5 Zip Code	32811										

11. Pursuant to the provisions of Sections 607.0507 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: _____ (Name of Current Registered Agent and New Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELCHER, JAMES W.	1. NAME	
STREET ADDRESS	5288 CYPRESS COURT	1. STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	1. CITY, ST, ZIP	
TITLE	ST	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINNEY, JAMES W.	2. NAME	(DELETE)
STREET ADDRESS	5288 CYPRESS COURT	2. STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	2. CITY, ST, ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.07(2)(b), 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 treasurer 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 it is changed or in an attachment with an address.

SIGNATURE: **J. Belcher** **4/11/95** **407-872-1880**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICE OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

RECEIVED AND FILED

APR 10 10:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **L27859** (2)
1. Corporation Name
CAPVENTURE OF COLLIER COUNTY, INC.

Principal Place of Business: **11110 IMMOKALEE DR. 1009 29TH AVENUE NORTH NAPLES FL 33964 US**
Mailing Address: **11110 IMMOKALEE RD. NAPLES FL 33964 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/02/1989**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0158078**
Applied For: 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**

7. This corporation has liability for intangible tax under S. 199.000, Florida Statutes: Yes No

2. Principal Place of Business: **21 11110 Immokalee Rd**
2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**

City & State: **23 Naples, FL** City & State: **28**

Zip: **24 33964** Country: **25 US** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
MONM, BRUCE W. 11110 IMMOKALEE ROAD NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: **Winston Hazen**
82 Street Address (P.O. Box Number is Not Acceptable): **3951 Gulf Shore Blvd. PH-2C**
83
84 City: **Naples** 85 Zip Code: **FL 33940**

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 obligation set forth in Section 607.0505, Florida Statutes.

SIGNATURE: *Winston Hazen* DATE: **4/20/95**

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	FURMAN, MARY J
STREET ADDRESS	11110 IMMOKALEE RD.
CITY - ST - ZIP	NAPLES FL
TITLE	S
NAME	POLOMSKY, JOANN
STREET ADDRESS	11110 IMMOKALEE RD
CITY - ST - ZIP	NAPLES FL
TITLE	DT
NAME	WINSTON, HAZEN
STREET ADDRESS	3951 GULF SHORE BLVD., N.
CITY - ST - ZIP	NAPLES FL
TITLE	DP
NAME	POLOMSKY, PAUL
STREET ADDRESS	1910 FAIRFAX CIRCLE
CITY - ST - ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), 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 to this report.

SIGNATURE: *Paul Polomsky* DATE: **4/18/95** (813) 592-0098

SIGNATURE AND TYPE IN PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR