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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90032 047 \*\*\*158.75

DOCUMENT # M78214

1. Corporation Name  
CAPE IV, INC.

Principal Place of Business

6134-A 15TH ST. E.  
~~2200 GULF DR N~~  
BRADENTON FL 34203  
US

Mailing Address

270 MAIN ST  
~~2200 GULF DR N~~  
HIGHLANDS NC 28741  
US

2. Principal Place of Business

21 4701 RIVERVIEW BLVD

2a. Mailing Address

26 270 MAIN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 BRADENTON FL

City & State

28 HIGHLANDS NC

Zip Country

24 34209 25 US

Zip Country

29 28741 30 US

9. Name and Address of Current Registered Agent

DUBS, EILEEN M.  
~~2200 GULF DR N~~  
BRADENTON BCH FL 34217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1988

4. FEI Number

59-2889817

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

10. Name and Address of New Registered Agent

81 Name

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

4701 RIVERVIEW BLVD

83

84 City BRADENTON

FL

85 Zip Code 34209

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME DUBS, EILEEN M.

STREET ADDRESS 2200 GULF DR NO

CITY-ST-ZIP BRADENTON BCH FL

TITLE DVS ☐ DELETE

NAME DUBS, CHARLES F.

STREET ADDRESS 2200 GULF DR NO

CITY-ST-ZIP BRADENTON BCH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

270 MAIN ST.

HIGHLANDS NC 28741

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

270 MAIN ST.

HIGHLANDS NC 28741

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 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

Charles F. Dubs 3/7/99

941-704-3208

Date

Daytime Phone #

CR2E034 (11/98)