May 10, 1999 8:00 am Secretary of State

05-10-1999 90025 048 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M86073

1. Corporation Name

CADEM ENTERPRISES INC

CAPENI	ENTERPRISES, INC.						
Principal Place	e of Business	Mailing Address				WIL BIER BIBII	#filts mimit sons
% DANIEL E. CAPEN     % DANIEL E. CAPEN       1172 PELICAN CRESCENT     1172 PELICAN CRI       PALM CITY FL 34990-2426     PALM CITY FL 349			SCENT		DO NOT WRITE IN THIS	SPACE	
US US					3. Date Incorporated or Qualifed 06/14/1988		,
Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
21 26					65-0062771		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	•	Additional
22 27					J. Octimosto di otala populari		equired
City & State City & State					6. Election Campaign Financing	•	May Be
23 28					Trust Fund Contribution		to Fees
Zip Country Zip			Country		8. This corporation owes the current year Int	angible ☐ Yes	□No
24	25		30		Personal Property Tax.		
	9. Name and Address of Currer	it Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
CAD	EN DANIEL E		"	_			
CAPEN, DANIEL E. 1182 PELICAN CRESCENT			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
PALM CITY FL 34990			83				
							-
			84	City	FL	85 Zip	Code
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized by da Statutes	the corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint of the purpose of the purpose of the appoint of the purpose of	ntment as re	egistered
12.		ID DIRECTORS	13.	i signatura rado	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	
NAME	Capen, Daniel E.	_	1.2 NAME				
STREET ADDRESS	1182 PELICAN CRESCENT		1.3 STREET	ADDRESS			
CITY-ST-ZIP			1.4 CITY-S				
TITLE	STD	☐ DELETE	2.1 TITLE			Change	Addition
NAME	CAPEN, JEFFREY A.		2.2 NAME				
STREET ADDRESS	1172 PELICAN CRESCENT		2.3 STREET	ADDRESS			
CITY-ST-ZIP	PALM CITY FL		2.4 CITY-5	1			j
TITLE			3.1 TITLE			Change	Addition
NAME	3.21		3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP	<u>.</u>		4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ADDRESS			Ì
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME . ;			6.2 NAME				
STREET ADDRESS	1'		6.3 STREE	ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-283-3734