

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000001145 (0)

1. Corporation Name

C.A.V.E. SERVICES INC.

Principal Place of Business

Mailing Address

**4048 42ND AVENUE NORTH
ST. PETERSBURG FL 33714**

**4048 42ND AVENUE NORTH
ST. PETERSBURG FL 33714**



3. Date Incorporated or Qualified

03/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4048 42nd Ave. N.

26 4048 42nd Ave. N.

4. FEI Number
59-3302320

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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 has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☐ No

City & State

City & State

23 St. Petersburg, Fla

28 St. Petersburg, Fla

Zip

Country

Zip

Country

24 33714

25 USA

29 33714

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATOWITZ, FRANK
4048 42ND AVENUE NORTH
ST. PETERSBURG FL 33714**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Frank Matowitz

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 16, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **Board of Director (Vice Chair)** ☐ DELETE
NAME **Tam Swedish**
STREET ADDRESS **1212 Keene Rd**
CITY-ST-ZIP **Dunedin FL 34698**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **Board of Director** ☐ DELETE
NAME **Heidi Swedish**
STREET ADDRESS **1212 Keene Rd**
CITY-ST-ZIP **Dunedin FL 34698**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **Board of Director** ☐ DELETE
NAME **Mike Badovinac**
STREET ADDRESS **P.O. Box 4207 N/A**
CITY-ST-ZIP **Rancho Hawaii 96744**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **~~Frank Matowitz~~** ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Frank Matowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 16 1996
Date Daytime Phone # **(813) 528-2987**

CR2E037 (12/95)