

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P39877** (6)

1. Corporation Name

CAPRICORN MARINE CORPORATION



Principal Place of Business

**18241 RIVER OAKS TERRACE
JUPITER FL 33458**

Mailing Address

**18241 RIVER OAKS TERRACE
JUPITER FL 33458**

| | |
|--|--|
| 3. Date Incorporated or Qualified 07/27/1992 | 3a. Date of Last Report 12/28/1994 |
| 4. FEI Number 13-3628500 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 | 28. Zip |
| 24. Country | 29. Country |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent

**MERTEN, DONALD
18241 RIVER OAKS TERRACE
JUPITER FL 33458**

10. Name and Address of New Registered Agent

| |
|--|
| 81. Name |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. City |
| 84. City |
| 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

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|-----------------------|
| TITLE | DC | 1.1 TITLE | Treasurer |
| NAME | CLOOSTERMANS, LEO | 1.2 NAME | Georgia Merten |
| STREET ADDRESS | NAAMLOZE VENNOOT SCHAP | 1.3 STREET ADDRESS | 18241 River Oaks Terr |
| CITY - ST - ZIP | BELGIUM | 1.4 CITY - ST - ZIP | Jupiter Fl 33458 |
| TITLE | P | 2.1 TITLE | |
| NAME | SLOAN, STEPHEN | 2.2 NAME | |
| STREET ADDRESS | 230 PARK AVE. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | NEW YORK NY | 2.4 CITY - ST - ZIP | |
| TITLE | VP | 3.1 TITLE | |
| NAME | MERTEN, DONALD | 3.2 NAME | |
| STREET ADDRESS | 18241 RIVER OAKS TERR. | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | JUPITER FL 33458 | 3.4 CITY - ST - ZIP | |
| TITLE | ST | 4.1 TITLE | |
| NAME | MMERGUT, MEL I. | 4.2 NAME | |
| STREET ADDRESS | ONE CHASE MANHATTAN PLZ | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | NEW YORK NY | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)