

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000004757 (9)

1. Corporation Name

CAPRI PENINSULA, INC.

Principal Place of Business

**1040 BAYVIEW DR.
SUITE 605
FORT LAUDERDALE FL 33304**

Mailing Address

**1040 BAYVIEW DR.
SUITE 605
FORT LAUDERDALE FL 33304**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0393270

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

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BOWEN, JOHN W
2929 EAST COMMERCIAL BLVD.
SUITE 402
FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name

J. M. Beeson, Jr.

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

1040 Bayview Drive, Suite 605

83

Ft. Lauderdale, FL 33304

84 City

FL

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 responsibility, 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)

04/28/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

HUGHES, J. D

STREET ADDRESS

1040 BAYVIEW DR., #605

CITY - ST - ZIP

FT. LAUDERDALE FL 33304

TITLE

DV

NAME

HUGHES, L. R

STREET ADDRESS

1040 BAYVIEW DR., #605

CITY - ST - ZIP

FT. LAUDERDALE FL 33304

TITLE

DST

NAME

BEESON, J M JR

STREET ADDRESS

1040 BAYVIEW DR., #605

CITY - ST - ZIP

FT. LAUDERDALE FL 33304

TITLE

D

NAME

HEATON, L D

STREET ADDRESS

1040 BAYVIEW DR., #605

CITY - ST - ZIP

FT. LAUDERDALE FL 33304

TITLE

D

NAME

HEATON, L W

STREET ADDRESS

1040 BAYVIEW DR., #605

CITY - ST - ZIP

FT. LAUDERDALE FL 33304

TITLE

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

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 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, changed, or on an attachment with an address.

SIGNATURE

J. M. Beeson, Jr.

J. M. Beeson, Jr., Director

04/28/95

305/565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR