

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Linda B. Norton
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 AM 10: 56

DOCUMENT # P93000026533 (8)

1. Corporation Name

CAPE DEVELOPMENT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **124 S PINEAPPLE AVE
SUITE 108
SARASOTA FL 34236
US**

Mailing Address: **124 S PINEAPPLE AVE
SUITE 108
SARASOTA FL 34236
US**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22**

City & State: **23**

Zip: **24** Country: **25**

Suite, Apt. #, etc.: **27**

City & State: **28**

Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **04/12/1993**

3a. Date of Last Report: **05/27/1994**

4. FEI Number: **65-0477369**

Applied For: ☐ Not Applicable

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SEARS, KEN
124 S PINEAPPLE AVE
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name

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

83

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 of Agent, if principal place of registered agent and then if applicable: _____ of the Registered Agent, signature required when submitting: _____ DATE: _____

12. OFFICERS AND DIRECTORS

1. TITLE: **D**

2. NAME: **SEARS, KEN**

3. STREET ADDRESS: **124 S PINEAPPLE AVE**

4. CITY, ST, ZIP: **SARASOTA FL**

5. TITLE:

6. NAME:

7. STREET ADDRESS:

8. CITY, ST, ZIP:

9. TITLE:

10. NAME:

11. STREET ADDRESS:

12. CITY, ST, ZIP:

13. TITLE:

14. NAME:

15. STREET ADDRESS:

16. CITY, ST, ZIP:

17. TITLE:

18. NAME:

19. STREET ADDRESS:

20. 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)(b), 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 887, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ken Sears - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 22-95

813-955-3670