

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000052216 (7)**

1. Corporation Name

KAPERNAOS GROUP, INC.



Principal Place of Business

**3624 FAIR OAKS PLACE
LONGBOAT KEY FL 34228**

Mailing Address

**3624 FAIR OAKS PLACE
LONGBOAT KEY FL 34228**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Country

9. Name and Address of Current Registered Agent

**KAPERNAOS, E L
3624 FAIR OAKS PL
LONGBOAT KEY FL 34228**

3. Date Incorporated or Qualified
07/26/1993

3a. Date of Last Report
03/13/1995

4. FFI Number
65-0428707

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

10. Name and Address of New Registered Agent

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 607.0102 and 607.1505, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of person making this filing (Print Name)

Signature of Registered Agent (Print Name)

Date

12. OFFICERS AND DIRECTORS

TITLE	CDPS	☐ DELETE
NAME	KAPERNAOS, E L	
STREET ADDRESS	3624 FAIR OAKS PLACE	
CITY-STATE-ZIP	LONGBOAT KEY FL	
TITLE	V	☐ DELETE
NAME	KAPERNAOS, DOLORES A	
STREET ADDRESS	3624 FAIR OAKS PLACE	
CITY-STATE-ZIP	LONGBOAT KEY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	CDPS T	☒ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:

E. L. Kaperanos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96

Date of Filing

CR2E034 (12/95)