

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000078026 (0)

1. Corporation Name

CABRAL CONCEPTS, INC.



Principal Place of Business

1636 NORTHGATE DR.  
NAPLES FL 33942

Mailing Address

P.O. BOX 9368  
NAPLES FL 33941

3. Date Incorporated or Qualified  
11/10/1993

3a. Date of Last Report  
08/25/1995

2. Principal Place of Business  
21 Same as above

2a. Mailing Address  
26 same as above

4. FEI Number  
65-0448024

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ s. ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CABRAL, COREY  
1636 NORTHGATE DR.  
NAPLES FL 33942

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

4/16/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PV  
NAME CABRAL, COREY  
STREET ADDRESS 1636 NORTHGATE DR.  
CITY-ST-ZIP NAPLES FL 33942

☒ DELETE

1.1 TITLE President / Sec. ☒ Change ☐ Addition  
1.2 NAME Corey Cabral  
1.3 STREET ADDRESS 1636 Northgate Dr.  
1.4 CITY-ST-ZIP Naples, FL 33942

TITLE ST  
NAME CABRAL, CAROLYN  
STREET ADDRESS 1636 NORTHGATE DR.  
CITY-ST-ZIP NAPLES FL 33942

☒ DELETE

2.1 TITLE Vice President/ Treas. ☒ Change ☐ Addition  
2.2 NAME Tim Cabral  
2.3 STREET ADDRESS 801 Riverpoint Dr. #205A  
2.4 CITY-ST-ZIP Naples, FL 33942

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

4/16/96

Date

741-435-1372

Daytime Phone #

CR2E034 (12/95)