FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000081059 (6)

CAPE CORAL PACING, INC.

ľ	Principal Place of Business
1	2516 SE 25TH AVE. CAPE CORAL FL 33904

Mailing Address

2516 SE 25TH AVE. CAPE CORAL FL 33904-3316

FILED Apr 11 1997 8:00am Secretary of State



3a. Date of Last Report

0397399

3. Date Incorporated or Qualified

							11/24/1993	06/	17/1996]	
2. Principal Pl	ipal Place of Business			2a. Mailing Address			4. FEI Number	The state of the s		oplied For	
21				26			65-0449483	65-0449483		ot Applicable	
Suite, Apt	Suito, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desir	ed 🔲		Additional equired	
City & State City & State				/ & State			6. Election Campaign Finance	ving			
23			28	28			Trust Fund Contribution				
Zip	Country Z			Country			8. This corporation has liabil	ity for intanoibl	e tax under s	199 032	
24	1	25	29	ĺ	30		Florida Statutes	☐ Yes			
9. Name and Address of Current Registered Agent							10. Name and Address of N	ew Registered	Agent		
MCDONALD, FRANCES 2516 SE 25TH AVENUE CAPE CORAL FL 33904						Name Street A	oddress (P.O. Box Number is Not Ac	ceptable)			
					64	City			85 Zip	Code	
						L		Fl	• <u> </u>		
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	Stanature, typed o	ir printed namin of registereid agi	ent and tille if app	licable (NOTE	Registered Ag	ent eignature r	equired when reinstating)	DATE			
12.		OFFICERS AN	D DIRECTOR	RS	13.		ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR	RS IN 12	
1:11.6	TS			DELETE	1.1 TITLE		P	-10	☐ Change	Addition	
NAME	MCDONAL	D, Frances			1.2 NAME	Ţ	Timothy Medon	20		j	
STREET ADDRESS	2516 SE 25TH AVENUE				1.3 STREET	1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE Change Addition Change Addition					
City-St-ZiP	CAPE COP	VAL FL			1.4 CITY-5	ST-ZIP	Cape Coralit	IL 85°	104	- 1	
TITLE	D			DELETE	2.1 TATLE				Change	Addition	
NAME	MCDONAL	d, Jeffrey			2.2 NAME	ŀ				ì	
STHEET ADDRESS	2516 SE 2	5TH AVE.			2.3 STREET	ADDRESS				1	
CITY - ST - ZiP	CAPE COP	RAL FL 33904			2 4 CTY-	,				ì	
भारत	D			DELETE	SITILE				Change	Addition	
NAME	MAJORINO	, THOMAS			MAJE					- 1	
STREET ADDRESS	301 DORA				KEE	ADDRESS				ţ	
CHY ST-ZiP		OD NJ 08012			Y-	ST-ZIP				1	
TITLE				DELETE	.E	-		·······	Change	Addition	
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TITLE				DELETE	, i LE			· · · · · · · · · · · · · · · · · · ·	Change	Addition	
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CHY-\$1-76					5.4 CITY-5	T-21P				ł	
1171.8				DELETE	6.1 TETLE			***************************************	Change	Addition	
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STREET ADDRESS					6.3 STREET	ADDRESS				}	
CiTY+SI+7i>					64 CITY-S	1				ļ	
14. Too hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 autachment with an address.											
SIGNAT	SIGNATURE: JOHN TYPED OF PRINTED NAME OF SIGNATURE OF SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE PROTECTOR Date Designation of Printed Photos (