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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000085086 (5)**

1. Corporation Name
CAPE HOLDINGS INC.

Principal Place of Business
1301 RIVERPLACE BLVD
SUITE 1609
JACKSONVILLE FL 32207
US

Mailing Address
1301 RIVERPLACE BLVD
SUITE 1609
JACKSONVILLE FL 32207-8072
US

3. Date Incorporated or Qualified: **12/03/1993**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-3214754** 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

9. Name and Address of Current Registered Agent
SHARP, SARAH H
1301 RIVERPLACE BLVD
SUITE 1609
JACKSONVILLE FL 32207

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 Section 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 a member of the board of directors or authorized officer (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	SHARP, WILLIAM L	
STREET ADDRESS	401 N. MICHIGAN AVE. #1900	
CITY, ST, ZIP	CHICAGO IL 60611	
TITLE	VS	☐ DELETE
NAME	SHARP, SARAH HELENE	
STREET ADDRESS	1301 RIVERPLACE BLVD SUITE 1609	
CITY, ST, ZIP	JACKSONVILLE FL 32207	
TITLE	~~V~~	☐ DELETE
NAME	SHARP, SHERYL	
STREET ADDRESS	~~937 1/2 NINTH STREET~~	
CITY, ST, ZIP	~~SANTA MONICA CA 90403~~	
TITLE	V	☐ DELETE
NAME	~~SHARP, JONATHAN DOUGL~~	
STREET ADDRESS	~~857 1/2 NINTH STREET~~	
CITY, ST, ZIP	~~SANTA MONICA CA~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
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	V / Assistant S	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	400 South Green Street	
3.4 CITY-ST-ZIP	Chicago, Illinois 60607	
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME	Sharp, Jonathan Douglas	
4.3 STREET ADDRESS	937 1/2 Ninth Street	
4.4 CITY-ST-ZIP	Santa Monica, CA 90403	
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		

CR2E034 (9/96)

14. I do 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 attachment with an address.

SIGNATURE: **Sarah Helene Sharp** 3/12/97 (904)399-1609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032661