

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

FILED
Apr 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

200 NORTH LAURA STREET
TWELFTH FLOOR
JACKSONVILLE FL 32202
US

Mailing Address

200 NORTH LAURA STREET
TWELFTH FLOOR
JACKSONVILLE FL 32202
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/03/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

SHARP, SARAH H
200 NORTH LAURA STREET
TWELFTH FLOOR
JACKSONVILLE FL 32202

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 607.0502 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SHARP, WILLIAM L
STREET ADDRESS 401 N. MICHIGAN AVE. #1900
CITY-ST-ZIP CHICAGO IL 60611

TITLE ☐ DELETE

NAME SHARP, SARAH HELENE
STREET ADDRESS 1001 RIVERPLACE BLVD SUITE 1600
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ DELETE

NAME SHARP, SHERYL
STREET ADDRESS 400 SOUTH GREEN ST
CITY-ST-ZIP CHICAGO IL

TITLE ☐ DELETE

NAME SHARP, JONATHAN DOUGL
STREET ADDRESS 937 1/2 NINTH ST
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

200 North Laura Street, Twelfth Floor
Jacksonville, FL 32202

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Chicago, Illinois 60607

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

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

900002480929

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***150.00

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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.

CR2E034 (10/97)

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