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

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90043 025 ***150.00

DOCUMENT # P93000085086

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

3. Date Incorporated or Qualifed
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 the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 25 SE Second Avenue
Suite, Apt. #, etc.
22 Suite 1135
City & State
23 Miami, FL
Zip 24 33131 Country 25 USA

2a. Mailing Address
26 25 SE Second Avenue
Suite, Apt. #, etc.
27 Suite 1135
City & State
28 Miami, FL
Zip 29 33131 Country 30 USA

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: Sarah Helene Sharp
82 Street Address (P.O. Box Number is Not Acceptable): 25 SE Second Avenue, Suite 1135
83
84 City: Miami FL 85 Zip Code: 33131

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 Sarah Helene Sharp 4/18/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPT ☐ DELETE		1.1 TITLE ☐ Change ☐ Addition	
NAME SHARP, WILLIAM L		1.2 NAME	
STREET ADDRESS 401 N. MICHIGAN AVE. #1900		1.3 STREET ADDRESS	
CITY-ST-ZIP CHICAGO IL 60611		1.4 CITY-ST-ZIP	
TITLE VS ☐ DELETE		2.1 TITLE ☒ Change ☐ Addition	
NAME SHARP, SARAH HELENE		2.2 NAME	
STREET ADDRESS 200 NORTH LAURA STREET, TWELFTH FLOOR		2.3 STREET ADDRESS	25 SE Second Avenue, Suite 1135
CITY-ST-ZIP JACKSONVILLE FL 32202		2.4 CITY-ST-ZIP	Miami, Florida 33131
TITLE VS ☐ DELETE		3.1 TITLE ☐ Change ☐ Addition	
NAME SHARP, SHERYL		3.2 NAME	
STREET ADDRESS 400 SOUTH GREEN ST		3.3 STREET ADDRESS	
CITY-ST-ZIP CHICAGO IL 60607		3.4 CITY-ST-ZIP	
TITLE V ☐ DELETE		4.1 TITLE ☒ Change ☐ Addition	
NAME SHARP, JONATHAN DOUGL		4.2 NAME	Sharp, Jonathan Douglas
STREET ADDRESS 937 1/2 NINTH ST		4.3 STREET ADDRESS	1107 Sixteenth Street
CITY-ST-ZIP SANTA MONICA CA 90403		4.4 CITY-ST-ZIP	Santa Monica, California 90403
TITLE ☐ DELETE		5.1 TITLE ☐ Change ☐ Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE ☐ Change ☐ Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Sarah Helene Sharp 4/18/99 (305) 373-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)