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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90043 025 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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 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 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

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

Sarah Helene Sharp

4/18/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ DELETE
NAME **SHARP, WILLIAM L**
STREET ADDRESS **401 N. MICHIGAN AVE. #1900**
CITY-STATE-ZIP **CHICAGO IL 60611**

TITLE **VS** ☐ DELETE
NAME **SHARP, SARAH HELENE**
STREET ADDRESS **200 NORTH LAURA STREET, TWELFTH FLOOR**
CITY-STATE-ZIP **JACKSONVILLE FL 32202**

TITLE **VS** ☐ DELETE
NAME **SHARP, SHERYL**
STREET ADDRESS **400 SOUTH GREEN ST**
CITY-STATE-ZIP **CHICAGO IL 60607**

TITLE **V** ☐ DELETE
NAME **SHARP, JONATHAN DOUGL**
STREET ADDRESS **937 1/2 NINTH ST**
CITY-STATE-ZIP **SANTA MONICA CA 90403**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **25 SE Second Avenue, Suite 1135**
2.4 CITY-STATE-ZIP **Miami, Florida 33131**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **Sharp, Jonathan Douglas**
4.4 CITY-STATE-ZIP **1107 Sixteenth Street
Santa Monica, California 90403**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)