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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State 

DIVISION OF CORPORATIONS

## DOCUMENT # P9400007118 (0)

CAPRI & ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

FILED Mar 24 1998 8:00am Secretary of State



14003-A NORTH DALE MABRY HWY. TAMPA FL 33618		PO BOX 271809 TAMPA FL 33688-1809 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  01/28/1994			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	qA	plied For
21		26			59-3220418	— <del></del>	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28	26		Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Z (p	Country 30		<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>		angible
9. Name and Address of Current Registered Agent			30]		10. Name and Address of New Registe		J 140
NOLAN, MICHAEL J				ne O	)		
ONE HARBOUR PLACE					atrick () Capri	<del> </del>	
SU	TE 500 APA FL 33602			PD3	ess (P.O. Box Number is Not Acceptable)  - A North Date	Mary	y Husy
1			84 <u>Çit</u> s	740	-Da Fia	FL 85 Zip (	Code
11. Pursuant t	o the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-narr	ed corpo	oration submits this statement for the purpo-	se of changing it	s registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent I am I ambaging the object the obligations of Section 607.0505, Florida Statutes.							
SIGNATURE	Katruk 1. Com	- MO DA			3-/5	-98	
SIGNATURE	Signature, typica or printed name of registered ac-	nt and title if Applicable (NOTE	Registered Agent signa	lure require	d when reinstating) DA	TE	
12.	OFFICERS ANI	- · · · - · · · · · · · · · · · · · · ·	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE			Change	L_] Addition
NAME CAPRI, PATRICK N			1.2 NAME				
STREET ADDRESS	14003-A NORTH DALE MABR	Y HWY.	1.3 STREET ADDRE	ss			
CITY-ST-ZIP	TAMPA FL 33618	- Driver	1.4 CITY-ST-ZIP	-			- 101
TITLE		☐ DELETE	2.1 TITLE	910	ce President	☐ Change	Addition
NAME			2.2 NAME	120	cott 3 knoeppell		
STREET ADDRESS			2.3 STREET ADORE	»   <u>૧પ</u> ્	003-A North Dale 1	wasing H	164
CITY - ST - ZIP		T torustr	2.4 CITY-ST-ZIP		cott J Knoeppell 003-A North Dale 1 Tampa, Florida	336\8 ☐ Change	Addition
TITLE		☐ DELETE	3.1 TITLE		•	L Change	L J Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRE	×>			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			Change	Addition
NAME			4.2 NAME			Citingo	E.A
STREET ADDRESS			4.3 STREET ADDRE				
CITY-ST-ZIP			4.4 CITY-ST-ZIP	~			
TITLE	<del></del>	DELETE	5.1 TITLE	<del></del>		Change	Addition
NAME			5.2 NAME			<b>v</b>	-
STREET ADDRESS			5.3 STREET ADDRE	ss			
CITY-ST-ZIP			5.4 CITY - ST - ZIP	-			
TITLE		☐ DELETE	6.1 TITLE	-1		Change	Addition
NAME			6.2 NAME			-	
STREET ADDRESS			6.3 STREET ADDRE	ss			
CITY - ST - ZIP			6.4 CITY - ST - ZIP				
	active that the information as unclead us	(i. 41: 6): J	4h a avenue at an a	asadia C	Continue 110 07(2)(i) Florida Ptatutas I furthe	or partific that the	information.

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 cophyration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chindred or or an attachment with an address.

CIGNATURE PALITY (CAL M)

22190

8139619124