FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:48

DOCUMENT # **P94000013545 (6)**

1. Corporation Name
CAPTIVA FEVER CORP., INC.

Principal Place of Business	Mailing Address
18662 MAC GILL DR PORT CHARLOTTE FL 33948	18662 MAC GILL DR PORT CHARLOTTE FL 33948

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/18/1994
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65-0463841 ☐ 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

SOLOMON, RICHARD M
18662 MAC GILL DR
PORT CHARLOTTE FL 33948

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SOLOMON, ALFRED M	12 NAME	
STREET ADDRESS	5006 SHETLAND AVE	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SOLOMON, VICKIE M	22 NAME	
STREET ADDRESS	5006 SHETLAND AVE	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SOLOMON, DON M	32 NAME	
STREET ADDRESS	9232 N 52 ST	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SOLOMON, MARGARITTE M	42 NAME	
STREET ADDRESS	9232 N 52 ST	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MCGANN, ALBERT	52 NAME	
STREET ADDRESS	10908 RIDGEDALE RD	53 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MCGANN, HELEN	62 NAME	
STREET ADDRESS	10908 RIDGEDALE RD	63 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Richard Mass-Solomon PRESIDENT RICHARD MASS-SOLOMON 4-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

04S2487 FF