

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



3. Date Incorporated or Qualified

01/18/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

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

10. Name and Address of New Registered Agent

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

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's signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SOLOMON, ALFRED M
STREET ADDRESS 5006 SHETLAND AVE
CITY-ST-ZIP TAMPA FL 33615

TITLE D
NAME SOLOMON, VICKIE M
STREET ADDRESS 5006 SHETLAND AVE
CITY-ST-ZIP TAMPA FL 33615

TITLE D
NAME SOLOMON, DON M
STREET ADDRESS 9232 N 52 ST
CITY-ST-ZIP TAMPA FL 33617

TITLE D
NAME SOLOMON, MARGARITTE M
STREET ADDRESS 9232 N 52 ST
CITY-ST-ZIP TAMPA FL 33617

TITLE D
NAME MCGANN, ALBERT
STREET ADDRESS 10908 RIDGEDALE RD
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE D
NAME MCGANN, HELEN
STREET ADDRESS 10908 RIDGEDALE RD
CITY-ST-ZIP TEMPLE TERRACE FL 33617

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-96 (941)627-4790

CR2E034 (3/96)