

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

18662 MAC GILL DR
PORT CHARLOTTE FL 33948

Mailing Address

18662 MAC GILL DR
PORT CHARLOTTE FL 33948-9647

3. Date Incorporated or Qualified
01/18/1994

3a. Date of Last Report
08/09/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE

4/23/97 (94)K274791

CR2E034 (9/96)

FILED
Apr 29 1997 8:00am
Secretary of State

