

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P94000013545

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

27

City & State

23

28

Zip

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29

Country

30

9. Name and Address of Current 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, ALFRED M		1.2 NAME	
STREET ADDRESS	5006 SHETLAND AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615		1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, VICKIE M		2.2 NAME	
STREET ADDRESS	5006 SHETLAND AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615		2.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, DON M		3.2 NAME	
STREET ADDRESS	9232 N 52 ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617		3.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, MARGARITTE M		4.2 NAME	
STREET ADDRESS	9232 N 52 ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617		4.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGANN, ALBERT		5.2 NAME	
STREET ADDRESS	10908 RIDGEDALE RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		5.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGANN, HELEN		6.2 NAME	
STREET ADDRESS	10908 RIDGEDALE RD		6.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		6.4 CITY-ST-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 my address, with all other like empowered.

SIGNATURE: *[Signature]* **RE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 941-627-4790  
Daytime Phone #

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90075 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1994

4. FEI Number

65-0463841

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

CR2E034 (11/98)