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

FILED
97 MAY -2 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P94000039036

1. Corporation Name
Cape Connection, Inc.

Principal Place of Business	Mailing Address
1314 Cape Coral Pkwy. Cape Coral, FL 33904	P.O. Box 68 Cape Coral, FL 33910

3. Date Incorporated or Qualified:
3a. Date of Last Report: 1996

2. Principal Place of Business	2a. Mailing Address
21 1314 Cape Coral Pkwy	26 P.O. Box 68
22 Suite, Apt. #, etc. 204	27 Suite, Apt. #, etc.
23 City & State: Cape Coral, FL	28 City & State: Cape Coral, FL
24 Zip: 33904 25 Country: USA	29 Zip: 33910 30 Country: USA

4. FEI Number: 65-0492631 ☐ 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
Walter J Reuhof 5265 Nautilus Drive Cape Coral, FL 33904	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	POST	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Anne Pichler		1.2 NAME	
STREET ADDRESS	5265 Nautilus Drive		1.3 STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, FL 33904		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	William Hoers		2.2 NAME	
STREET ADDRESS	1421 SE 24th St.		2.3 STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, FL 33990		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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****165.00 ****165.00

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: Anne Pichler 4/5/97 941-540-0279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #