

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

FILED

Apr 08 1997 8:00am  
Secretary of State

PROFIT- CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000042046 (0)

1. Corporation Name  
CAPRICORN CORPORATION

Principal Place of Business

9124 CYPRESS GREEN DR  
SUITE C  
JACKSONVILLE FL 32256  
US

Mailing Address

9124 CYPRESS GREEN DR  
SUITE C  
JACKSONVILLE FL 32256-7779  
US

3. Date Incorporated or Qualified

05/31/1994

3a. Date of Last Report

06/25/1996

2. Principal Place of Business

2a. Mailing Address

21 3306 Sawgrass Village

26 3306 Sawgrass Village

4. FEI Number

59-3244670

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

ABOUD, RICHARD  
9124 CYPRESS GREEN DR  
SUITE C  
JACKSONVILLE FL 32256

81 Name

Brian Krupp

82 Street Address (P.O. Box Number is Not Acceptable)

3306 Sawgrass Village

83

84 City

Ponte Vedra Beach, FL

85 Zip Code

32082

11. Pursuant to the provisions of Sections 607.009 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY - ST - ZIP

11.5 TITLE

11.6 NAME

11.7 STREET ADDRESS

11.8 CITY - ST - ZIP

11.9 TITLE

11.10 NAME

11.11 STREET ADDRESS

11.12 CITY - ST - ZIP

11.13 TITLE

11.14 NAME

11.15 STREET ADDRESS

11.16 CITY - ST - ZIP

11.17 TITLE

11.18 NAME

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11.94 NAME

11.95 STREET ADDRESS

11.96 CITY - ST - ZIP

11.97 TITLE

11.98 NAME

11.99 STREET ADDRESS

11.100 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

004095

CR2E034 (9/96)