## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000049915 (9)

DOCUMENT #

1. Corporation Name

CAPE SYSTEMS, INCORPORATED



Principal Place of Business Mailing Address						ili malit dösis dibin ibska latai (1881 9111 1881
4953 PHILROSE DRIVE 4953 PHIL JACKSONVILLE FL 32217 JACKSON						
					3. Date Incorporated or Qualified 07/06/1994	3a. Date of Last Report 04/14/1995
2. Principal Place of Business		2a. Mailing Address	. Mailing Address		4. FEI Number <b>59-3254212</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	" <sub>1</sub>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	Ζιρ <b>29</b>	<b>30</b>	lry	8. This corporation has liability for in Florida Statutes	
<del> </del>	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered Agent
			8	Name		
4953 (	er, todd Philrose dr.		E	Street Add	ress (P.O. Box Number is Not Acceptable	e)
JACKS	SONVILLE FL 32217		E	13		
			6	14 City		FL 85 Zip Code
or register	to the provisions of Sections 607.050 ed agent, or both, in the State of Fig th, and accept the obligations of, Sec	rida. Such change was autho	rized by the co	named corpor rporation's boa	ration submits this statement for the pur ird of directors. I hereby accept the appo	roop of obganion its constant of as
SIGNATURE _	Signature Typed or printed hand of registered age	nt secretical Land State (	Oh 1781 Romanisa da	pant sejerat ina naga na	of robot states of and	CATE
12.		ND DIRECTORS	13.	2	ADDITIONS/CHANGES TO OFFI	
TIFLE	D	☐ DELETE	1 1 1111	É	TO STATE OF THE ST	Change Addition
NAME	TREIBER, TODD		1.2 NAM	ŧ		
STREET ADDRESS	4953 PHILROSE DRIVE		138766	TIT AUDRESS		
CITY - ST - ZIP	JACKSONVILLE FL 32217		1	- ST - ZIP		
TITLE		DELETE	2 1 1111			Change Addition
NAME			2.2 NAM	E		
STREET ADDRESS			2.3 STRE	FT ADDRESS		
CITY-ST-ZIP			2.4 C/TY	-ST-7/P		
TITLE		☐ DELETE	3 1 1:11			Change Addition
NAME			3.2 NAM	Ē		<del>_</del>
STREET ADDRESS			33 S1K	EFT ADDRESS		
CITY - ST - ZIP			3 4 0 11 Y	- ST - ZIP		
TITLE		☐ DELETE	4 1 TITL	r -		Change Addition
NAME			4.2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIF			4.4 CHY	- ST - 7IP		
TITLE		DELETE	5 1 DT.	·   _		Change Addition
NAME			5.2 NAM	i [		
STREET ADDRESS			53 STRF	ET ADDRESS		
CITY-ST-ZIP		<del>-</del>	5.4 CiTY	-ST-7iP		
TITLE		□ DELETE	6 1 TiiL	F		Change Addition
NAME			6.2 NAM	ī		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CiTY-ST-ZIP			6.4 CITY	S1 - ZIP		
14. I do hereby	vicertify that the information supplied	with this filmo is well intarily for	raished and de	see not out the fi	by the event tree stated in Section 110.6	(7) 3) 6.5 Find the Challet and 1.5 Alice

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quirify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I further certify that the information indicated on this animal report or suppliementa, annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or fusitee 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 artify high it with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRINCEDOR

4/22/96

904-731-4/38