## 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

**DOCUMENT #** 

P94000052023 (6)

1. Corporation Name

HERALDIC	C CAPS, INC.										
Principal Place of B	Rusiness	M	laiing Address			<del>-</del>		## [1] ## [1] # [1] # [1] # [1] # [1] # [1] # [1] # [1] # [1] # [1] # [1] # [1] # [1] # [1] # [1] # [1] # [1]	W 11811 BVT	(B 11899   (1) (98)	
1424 NE 26 ST WILTON MANORS FL 33305			1424 NE 26 ST WILTON MANORS FL 33305								
							3. Date Incorporated or Qualified 07/11/1994	3a. Date   <b>05</b>	of Last R /01/19		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	Applied For			
21			26							Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	S8.75 Additional Fee Required			
Crty & State			Orty & State				6. Election Campaign Financing \$5.00 May Be				
23			28				Trust Fund Contribution	Added to Fees			
Zip	Country		Zip	Cou	intry	,	8. This corporation has liability for		under s	199.032,	
24	25	29		30	·		Florida Statutes				
9	, Name and Address of Currer	nt Regi	stered Agent		81	T None	10. Name and Address of New F	legistered A	gent		
COCCD 1 IO1	I ADDIENNIE					Name					
FREEBAIRN, ADRIENNE 1424 NE 26 ST					82	Street Add	Address (P.O. Box Number is Not Acceptable)				
1424 NE 26 51 WILTON MANORS FL 33305					83		MAINE WATER				
17161011 110	710110 1 2 00000								let 7	o Codo	
					84	City		FL	85 Z	ip Code	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 receipt 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 addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR