

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 3:41

DOCUMENT # P94000063521 (6)

1. Corporation Name

CAPE BOUNTY INC.

Principal Place of Business

Mailing Address

090 W RIVERBEND DR
SUNRISE FL 33326-2220

090 W RIVERBEND DR
SUNRISE FL 33326-2220

20441 NW 4TH ST.

20441 NW 4TH ST.

PEMBROKE PINES, FL. 33029

PEMBROKE PINES, FL. 33029

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/25/1994

3a. Date of Last Report
N.A.

4. FEI Number

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. 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 20441 NW 4TH ST.

26 20441 NW 4TH ST.

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State

23 PEMBROKE PINES, FL 33029

28 PEMBROKE PINES, FL.

Zip

Country

Zip

Country

24 33029

25 USA

29 33029

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERRY, C. RICHARD

090 W RIVERBEND DR 20441 NW 4TH ST.
SUNRISE FL 33326-2220 PEMBROKE PINES, FL.
33029

81 Name

C. RICHARD PERRY

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

20441 NW 4TH ST.

83

84 City

PEMBROKE PINES

FL

85 Zip Code

33029

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

C. Richard Perry

(C. RICHARD PERRY)

13 JAN 95

(Signature of individual or printed name of registered agent and title as applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

141

D

NAME

PERRY, PAMELA D

STREET ADDRESS

390 W RIVERBEND DR

CITY - ST - ZIP

SUNRISE FL 33326-2220

142

D

NAME

PERRY, C. RICHARD

STREET ADDRESS

090 W RIVERBEND DR

CITY - ST - ZIP

SUNRISE FL 33326-2220

1.1 TITLE

D, P, S

1.2 NAME

PAMELA D. PERRY

1.3 STREET ADDRESS

20441 NW 4TH ST.

1.4 CITY - ST - ZIP

PEMBROKE PINES, FL 33029

2.1 TITLE

D, V, T

2.2 NAME

PERRY, C. RICHARD

2.3 STREET ADDRESS

20441 NW 4TH ST.

2.4 CITY - ST - ZIP

PEMBROKE PINES, FL. 33029

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 if changed or on an attachment with my address.

SIGNATURE:

PAMELA D. PERRY

13 JAN 95

305-438-4470

(Signature and typed name of officer or director)

Date

Telephone #