

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

FILED
Jun 05 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 # P94000079149 (8)
 1. Corporation Name
THE CAPRI ISLE CONDO GROUP #1, INC.



Principal Place of Business P O BOX 4949 PALM HARBOUR FL 34685 US	Mailing Address P OBOX 4949 PALM HARBOR FL 34685-0249 US
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Correct Please

2. Principal Place of Business 21 36181 EAST LAKE ROAD Suite, Apt. #, etc.	2a. Mailing Address 26 36181 EAST LAKE ROAD Suite, Apt. #, etc.
City & State 23 PALM HARBOR, FL	City & State 28 PALM HARBOR, FL
Zip 24 34685	Country 25 FLORIDAS
Zip 29 34685	Country 30 FLORIDAS

3. Date Incorporated or Qualified 10/27/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3298463	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
POWELL, W DAVID
300 CAPRI BLVD
TREASURE ISLAND FL 33708

10. Name and Address of New Registered Agent

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 _____
 Signature, typed or printed name of registered agent and title if applicable: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	DPS	<input type="checkbox"/> DELETE
NAME	POWELL, W DAVID	
STREET ADDRESS	300 CAPRI BLVD	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	POWELL, W. DAVID	
STREET ADDRESS	300 CAPRI BLVD	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 in an attachment with an address.

Sandra B. Mortham
 912-204-5550

CR2E034 (9/96)