Applied For

Fee Required \$5.00 May Be

Added to Fees

□No

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000043455

CAPTAC CORPORATION					
Principal Place of Business	Mailing Addres		folme merte moter datet goris anter diane err		
629-A CAPE CORAL PARKWAY CAPE CORAL FL 33904 US	3719 SE 18TH / CAPE CORAL F US	33904	DO NOT WRITE IN THIS SPAC		
Principal Place of Business 1	2a. Mailing Add	ress 4. FEI Number 65-0582847			
Suite, Apt. #, etc.	Suite, Apt.	, etc. 5. Certifcate of Sta	itus Desired		
City & State	City & State	6. Election Campai Trust Fund Cont	- 11		
Zip Coun 24 25	try Zip	Country 8. This corporation Personal Proper	owes the current year Intangible ty Tax.		
	ress of Current Registered Agent		ress of New Registered Agent		
WILLIAMS, ROBERT C 3719 SE 18 AVE	•	81 Name 82 Street Address (P.O. Box Number	is Not Acceptable)		

FILED Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90075 027 ***150.00



DO NOT WRITE IN THIS SPACE

CAPE CORAL FL 33904			<u> </u>		CH. C. BEST 68, 1 48, 1 41, 1 41	17/3/54	A. 342, 123	
			83					
			84	City		FL 85		
office or r	to the provisions of Sections 607.0502 and 607.11 egistered agent, or both, in the State of Florida. S im familiar with, and accept the obligations of, Sec	uch change was auti	horized by t	-named corpo he corporatio	pration submits this statement for n's board of directors. I hereby a	the purpose of chang	l jing its r it as regi	egistered istered
SIGNATURE						· · · · · · · · · · · · · · · · · · ·		
	Signature, typed or printed name of registered agent and title if appli		· <u></u> -	signature required	when reinstating)	DATE	FOTOS	0.111.40
12.	OFFICERS AND DIRECTO		13.		ADDITIONS/CHANGES TO			
TITLE	DP -	□ DELETE	1.1 TITLE		Age 18 Million	П	hange	Addition
NAME	WILLIAMS, ROBERT C		1.2 NAME	i				
STREET ADDRESS	3719 SE 18 AVE		1.3 STREET	ADDRESS				ŀ
CITY-ST-ZIP	CAPE CORAL FL 33904		1.4 CITY+ST	ZIP				_ •
TITLE	ST	DELETE	2.1 TITLE				hange	Addition
NAME	WILLIAMS, DEANNA K.		2.2 NAME					
STREET ADDRESS	3719 SE 18TH AVE		2.3 STREET	ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL 33904		2. 4 CITY-ST	-ZIP				
TITLE	:	☐ DELETE	3.1 TITLE				hange 1	Addition
NAME '			3.2 NAME					
STREET ADDRESS	•		3.3 STREET	ADDRESS	· • • •	on the state of the same		1.45
CITY-ST-ZIP			3.4. CITY-ST	- ZIP				* - 2 - 2 V
TITLE		☐ DELETE	4.1 TITLE		•		hange	· Addition
NAME			4.2 NAME					ļ
STREET ADDRESS			43 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST	-ZIP		•		
TITLE		☐ DELETE	5.1 TITLE			. 🗆	hange	☐ Addition
NAME			52 NAME		**			
STREET ADDRESS			5.3 STREET	ADDRESS		•		
CITY-ST-ZIP			5.4 CITY - ST	-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE		☐ DELETE	6.1 TITLE	İ			hange	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				•
CITY-ST-ZIP			6.4 CITY-ST	1				
14. I hereby of	certify that the information supplied with this filing of	does not qualify for the	he exemption	n stated in S	ection 119.07(3)(i), Florida Statu	tes. I further certify th	at the inf	rormation

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 on an attachment with an address, with all other like empowered.