

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

FILED
Jan 30 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 # **P95000054373 (2)**

1. Corporation Name

CAPE HENLOPEN SOUTH CORPORATION



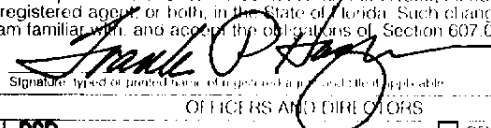
Principal Place of Business 797 JOLANDA CIRCLE VENICE FL 34392	Mailing Address 797 JOLANDA CIRCLE VENICE FL 34292-3440
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2. Principal Place of Business 21 1350 GULF BLVD SOUTH Suite, Apt. #, etc. 22 City & State 23 BOCA GRANDE, FL Zip 24 33921 Country 25 LEE	2a. Mailing Address 26 P.O. Box 1960 Suite, Apt. #, etc. 27 City & State 28 BOCA GRANDE, FL Zip 29 33921 Country 30 LEE
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3. Date Incorporated or Qualified 07/14/1995	3a. Date of Last Report 04/03/1996
4. FET Number APPLIED FOR 23-2652442	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. 199.032, Florida Statutes ☐ Yes ☒ No	

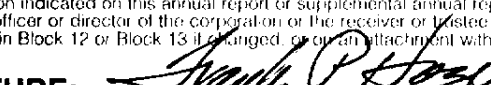
9. Name and Address of Current Registered Agent HAGUE, FRANK P 797 JOLANDA CIRCLE VENICE FL 34392	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the 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  DATE **1-24-97**
Signature typed or printed name of registered agent (not applicable) (NOTE: Registered Agent signature required when not stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	☐ Change ☐ Addition
NAME	HAGUE, FRANK P	1.2 NAME	
STREET ADDRESS	797 JOLANDA CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE FL 34392	1.4 CITY - ST - ZIP	
TITLE	VPTD	2.1 TITLE	☐ Change ☐ Addition
NAME	HARVEY, GRACE E	2.2 NAME	
STREET ADDRESS	797 JOLANDA CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	VENICE FL 34392	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 on an attachment with an address.

SIGNATURE  DATE **1-24-97** **1-888-644-3055**

CR2E034 (9/96)