

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000056750 (9)

1. Corporation Name

FLORIDA CAPE MANAGEMENT, INC.



Principal Place of Business

4945 SAWYER ROAD
SARASOTA FL 34233

Mailing Address

4945 SAWYER ROAD
SARASOTA FL 34233

3. Date Incorporated or Qualified
07/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1512 CARIBBEAN DR.

25 1512 CARIBBEAN DR.

4. FEI Number

65-0600570

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State
SARASOTA, FL.

28 City & State
SARASOTA, FL.

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip Country
34231-5304

29 Zip Country
34231-5304

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSCA, F M
100 WALLACE AVENUE STE 240
SARASOTA FL 34237

81 Name

RICHARD L. HARRIS

82 Street Address (P.O. Box Number is Not Acceptable)
2661 MALL DR.

83

84 City

SARASOTA,

FL

85 Zip Code
34231

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

Richard L. Harris

Richard L. Harris

5-22-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GIANNINI, GIUSEPPE
STREET ADDRESS 4945 SAWYER ROAD
CITY-ST-ZIP SARASOTA FL 34233 ☒ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME GIANNINI, ALEX
STREET ADDRESS 8620 TAMiami TRAIL SOUTH
CITY-ST-ZIP SARASOTA FL 34238 ☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

P/D
GIANNINI, ALEX
1512 CARIBBEAN DR.
SARASOTA, FL. 34231-5304 ☒ Change ☐ Addition

TITLE STD
NAME GIANNINI, GIOVANNA
STREET ADDRESS 4945 SAWYER ROAD
CITY-ST-ZIP SARASOTA FL 34233 ☒ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEX GIANNINI

Date:

Daytime Phone #

6/2/96 (941) 966-1803

CR2E034 (12/95)