

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

FILED
Jun 03 1998 8:00am
Secretary of State

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| PROFIT, CORPORATION ANNUAL REPORT 1998 | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # Pg 50000067307

1. Corporation Name
CAPO ENTERPRISES, INC.

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| Principal Place of Business 302 12TH STREET WEST BRADENTON, FL 34205 | Mailing Address 318 MONTGOMERY AVE. SARASOTA, FL 34243 |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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DO NOT WRITE IN THIS SPACE

| | | |
|---|------------------------------------|--|
| 3. Date Incorporated or Qualified 08/30/95 | 4. FEI Number 65-0615846 | Applied For <input type="checkbox"/> 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 owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

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| 9. Name and Address of Current Registered Agent BLALOCK, LANDERS, WALTERS AND VOGLER, P.A. 802 11TH ST. WEST BRADENTON, FL 34205 | 10. Name and Address of New Registered Agent 81 Name Blalock, Landers, Walters & Vogler, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 802 11th St. W. 83 Bradenton, FL 34205 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 of registered agent, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Andrea Posani* **5-19-98**

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 <input type="checkbox"/> DELETE NAME ANDREA POSANI STREET ADDRESS 318 MONTGOMERY AVE. CITY - ST - ZIP SARASOTA, FL 34243 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 1.1 TITLE SAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VS <input type="checkbox"/> DELETE NAME CYNTHIA CARUSO STREET ADDRESS 318 MONTGOMERY AVE. CITY - ST - ZIP SARASOTA, FL 34243 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 2.1 TITLE SAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 200002543872 -06/05/98--01103--029 ***150.00 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Andrea Posani* **24 APR '98** **941-7461754**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #