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

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

29

9. Name and Address of Current Registered Agent

CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

24



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000078172 (0)

CAPE SAN BLAS INN, INC.

MCCARTHY, KATHLEEN Z 7635 PALM ROAD

Principal Place of Business	Mailing Address
8536 PIONEER ROAD	8536 PIONEER ROAD
WEST PALM BEACH FL 33411	WEST PALM BEACH FL 33411

**FILED** Mar 12 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

10/09/1995

65-0639573

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

4. FEI Number

7635 PALM ROAD WEST PALM BEACH FL 33406		2 Street	Address (P.O. Box Number is Not Acceptable)		
WE	ST PALM BEAUTI PL 33406	8	3		
		Ļ			
		8	4 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 treat approaches (NOTE Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND DIRECTORS	13,		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Delete	1.1 TIPLE		☐ Change ☐ Addition	
NAME	BLANDA, ANDREW A	1.2 NAM	E		
STREET ADDRESS	8536 PIONEER ROAD	1.3 STRE	et address		
CITY-ST-ZIP	WEST PALM BEACH FL 33411	1.4 CITY	- \$T- <i>1</i> (P		
TITLE	D DELETE	2.1 71748		☐ Change ☐ Addition	
NAME (	Blanda, Roberta	2 2 NAM	E		
STREET ADDRESS	8536 PIONEER ROAD	23 STRE	et address		
CITY-ST-ZIP	WEST PALM BEACH FL 33411	2. 4 CITY	-ST-ZIP		
TITLE	DEFETE	3.1 TITLE		Change Addition	
NAME		3.2 NAM	E		
STREET ADDRESS		3.3 STRE	ET ADDRESS		
CITY - ST - ZIP			- S1 - ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition	
NAME		4. 2 NAM	E		
STREET ADDRESS		4.3 STRE	ET ADDRESS		
CITY-ST-ZIP		4 4 CITY	-ST-ZIP		
TITLE	□ DECETE	5.1 TITLE		Change Addition	
NAME		5.2 NAM	E		
STREET ADDRESS		5.3 STRE	ET ADDRESS	· ·	
CITY-SI-ZIP		5.4 CITY	-ST-ZIP		
TITLE	☐ DELETE	6 1 TITLE		Change Addition	
NAME .		6.2 NAM	E	ļ	
STREET ADDRESS		6.3 STRE	et address		
CITY-ST-ZIP		6.4 City			
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 cooperation 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 chapted, or on an attacture of the cooperation of the coo					
SIGNATURE: KARPUL Handa KOBERTA BLANDA 3/9/98 193-2230					

Country

Name