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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000081817 (5)

**CAPCO UNLIMITED INCORPORATED** 

Principal	Place	of	Bus	iness

Mailing Address



97 JUN -3 AM 9: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA



8030 NORTH F SUITE 150 TAMPA FL 336	ROCKY POINT DRIVE WEST	3030 NORTH ROCKY PO SUITE 150 TAMPA FL 33607-5901	NINT DRIVE W	EST	Date Incorporated or Qualified     10/25/1995	3a. Date of Last Report 04/17/1996
2. Principal Pl	lace of Business	2a. Mailing Address	<u></u>		4. FEI Number	Applied For
21		26			APPLIED FOR	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	9	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Countr 30	y		Yes No
	B. Name and Address of Curren	t Registered Agent		1	10. Name and Address of New Re	gistered Agent
	(AS, ANDREW		81	Name		
<sup>2</sup> SUI	O NORTH ROCKY POINT DRIVE TE 150	WEST	82		ress (P.O. Box Number is Not Acceptab	ole)
TAN	MPA FL 33607		83	i		
Contract of the Contract of th			84	City		FL 85 Zip Code
SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Stgnature, typed or printed name of registered age				poration submits this statement for the pation's board of directors. I hereby acception with the patient of the patient with the patient of the patient with the patients of the patient with the patients of	pt the appointment as registered
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE			Change Addition
NAME	SHEILDS, ROBERT	•	1.2 NAME			
STREET ADDRESS	2201 LUCIEN WAY, #150		1.3 <b>\$</b> TREE	T ADDRESS	<b>n</b> 7	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY -	ST-ZIP		
TITLE	VP	<b>X</b> DELETE	2.1 TITLE	İ	<b>X</b> /	Change Addition
NAME	LONG, LAWRENCE SR	NAME WEAT	2.2 NAME		\ 0 /	
STREET ADDRESS	3030 NORTH ROCKY POINT [	WINE MESI		1 ADDRESS	\r\ /	
CITY-SI-ZIP TITLE	TAMPA FL 33607	DELETE	2. 4 CITY- 3.1 THILE	ST 77P	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Change Addition
NAME		C) been	3.2 NAME		0,44	C countie C vancion
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			3.4. CITY-	l l	フやノ	
TITLE	Receiver	DELETE	4.1 TITLE		7 1/000022	
NAME	Stuffs, Charles L		4 2 NAME		7 7000022 -06/04/	201554 — 45 9701061010 5.00 ****165.00
STREET ADDRESS	400 North Ashlay		4.3 \$1REE	T ADDRESS	/ ****16	5.00 ****165.00
CITY-ST-ZIP	Tumpa, F1 3360		4.4 CITY-	ST - ZIP		
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NAME			5.2 NAME		' and	•
STREET ADDRESS				T ADDRESS	۱۹ها، ۲۱	<u>ገ</u>
CITY-ST-ZIP		The re-	5.4 CHTY-1	ST-ZIP	2/10/2	
TITLE		DELETE	6.1 TITLE		T''	☐ Change ☐ Addition
NAME			6.2 NAME		•	
STREET ADDRESS				T ADDRESS		
City-St-782			6.4 CITY -	ST-21P		

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 logal 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 practice.

11/2- 100

PROFIT CORPORATION ANNUAL REPORT	Sandra B . M o Secretary of	State	li			
1997 DOCUMENT # P9500008 1. Corporation Name	DIVISION OF CORE	PORATIONS				
Capco Unlimited In	corporated					
Principal Place of Business	Malling Address					
c/o Charles L. Stu	itts. Receiver					
, , , , , , , , , , , , , , , , , , , ,	,					
			3. Date Incom	porated or Qualified	3a. Date o	of Last Report
			10	/25/95	1 0	14/17/96
2. Principal Place of Business	2a. Mailing Address		4. FEI Numb	er		Applied For
21 P.O. Box 837	28 P.O. Box 837		6	5-0616217	_	Not Applicab
Sulte, Apt.#, etc.	Suite, Apt. #, etc.	!				\$8.75 Additional
22	27		5. Certificate	of Status Desired		Fee Required
City & State	City & State			ampaign Financing		\$5.00 May Ba
23 Tampa, Fl	28 Tampa, Fl			Contribution		Added to Fees
Zip Country	l	untry	· ·	oration has liability for i	-	
24 3 3 6 0 1 25 25 25 25 26 26 26 26 26 26 26 26 26 26 26 26 26	29 3 3 6 0 1 30 of Current Registered Agent	<u> </u>	Florida St.		Yes X N	·
B. Name and Address	DI COFFERI REGISTERE AGENT	81 Name	TV. (Varine	and Address of	iew Kedia	itered Agent
		1 1	rles I	Stutts.	Pogoi	wor
				Box Number is Not Acc		ver
		1 1	•	hlev Dr. S	•	2300
		83		TTCA DIA	Juliue_	
		<b>B4</b> City				85 Zip Code
		Tam	pa		FL	33602
11. Pursuant to the provisions of Sections	s 607.0502 and 867.1508, Florida Statutes, the the State of Florida Stan change was author the obligations of Army 17.0505, Florida St	above-named	corporation sub	mits this statement for	the purpose	of changing its regis
agent. I am famillar with , and accombin	to obligations of the format .0505, Florida St	stutes.	OI BLIDII & DODI O	Of Gilbertola, I Haraby	accept tire at	116-1
SIGNATURE	Chan	rles L.	Stutt	s, Receive	er	4/29/97
<del></del>	orinted name of registered agent and title if app					·
<del></del>	FFICERS AND DIRECTORS		ADDITIONS/	CHANGES TO OFF		
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NAME		1.2 NAME				
STREET ADDRESS						السب
AUTH			TADDRESS			السب
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  14. Ido hereby certify that the information indicated on this annual rillamen officer or director of the corport in Block 12 or Block 13 if changed in Block 12 or Block 13 if changed	DELETE   1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME 6.3 STREE 6.4 CITY-S 7 the exemption of accurate and the operate	T-ZIP  T ADDRESS T-ZIP	on 119.07(3)(i) Florida S shall have the same In d by Chapter 607, Florida 19/97	Chang Chang Chang	Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  14. I do hereby certify that the informed information indicated on this annual related in the information in Block 12 or Block 13 if changed in Block 12 or Block 13 if changed in Block 12 or Block 13 if changed in SIGNATURE:	DELETE  DELETE	1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME 6.3 STREE 6.4 CITY-S 7 the exemption of accurate and the operation of execute this recovered.	T-ZIP  T ADDRESS T-ZIP  Stated in Section in Se	on 119.07(3½i) Florida S a shall have the same li d by Chapter 607, Flor 9/97	Chang Chang Chang	Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition