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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000014543 (8)

CAPE LIGHT MANAGEMENT, INC.

Principal Place of Business		Mailing Address			A 1884 HOO! OF ARING WITH SOULD SRAIL OUTER AND THE BALL DATE OF ARI			
8432 TANGELO TREE DR ORLANDO FL 32836		8432 TANGELO TREE DR ORLANDO FL \$2836-5439						
CHERTSON IS N	novo	AISTRACT F GROUPEN	•		3. Date Incorporated or Qualified 02/12/1996	3a. Date	of Last R	eport
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
11		26			59 • 33605			t Applicable
Suite, Apt #	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State)	City & State			6. Election Campaign Financing		\$5.00	·
3		28			Trust Fund Contribution		Added t	
Zip	Country	Zip	Country	у	8. This corporation has liability for in	ntangible ta		
4	25	29	30			Yes 🗌		
	9. Name and Address of Cur	rent Registered Agent		1	10. Name and Address of New Reg	pistered Ag	ent	
	NHA, MONIKA		81	Name				
	? Tangelo tree dr Ando Fl 32836		82	Street Add	lress (P.O. Box Number is Not Acceptab	le)		
UND	MINO FE 06000		83				***************************************	
			84	City		FL	85 Zip (Code
11 Pursuant t	to the provisions of Sections 607.0	0502 and 607 1508. Florida Stat	tutes the abov	e-named cor	poration submits this statement for the pi		l nanging it	s registered
office or re	egistered agent, or both, in the St	tate of Florida, Such change wa	s authorized b	y the corpora	alion's board of directors. I hereby accep	t the appoir	itment as	registered
agen. Fai	га ғаспиат ұяға, ағқа ақққардаға оқ	JUGATIONS OF SECTION BUT JUSTS.		;S.				
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	St,podine, typed or punted name of registored OFFICERS	Lagent and title if applicable (N			ired when reinstating) ADDITIONS/CHANGES TO OFFIC		IRECTOR	
12.	Signature, typical or printed name of registored OFF ICERS	Lagent and title if applicable (N	IOTE: Registered Ag			ERS AND D	IRECTOR Change	
12.	Signature, typical or painted numbro of registered OFFICERS PSD ARANHA, MONIKA	Lagent and title if applicable (N	OTE: Registered Ag	eni signature requ		ERS AND D		
12. TITLE NAME STREET ADDRESS	Signature, typical or partitud numbe of registered OFFICERS PSD ARANHA, MONIKA 8432 TANGELO TREE DR	Lagent and title if applicable (N	OTE: Registered Ag 13. 1.1 TITLE 1.2 NAME	eni signature requ		ERS AND D		
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SIGNATURE:

Lani an officer or director of the corrappears in Block 12 or Block 13 if of

CHIMONIKA P. ARAMHA 04.14.97 407.363711

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Secretary of State

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