SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000022057 (9)

CAPRICORN II, INC.

CITY-ST-ZIP

97 JUL 25 AM 10: 28

SECRETARY OF STATE TALLAHASSEE FLORIDA



<u> </u>										
Principal Place of Business Mailing Address					a seasseat tie tatte drift daist editt built built built built built billing tif					1 1001 1001
1133 FOURTH ST 1133 FOURTH ST										
SARASOTA FL	. 34326		SARASOTA FL 34326				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified		te of Last Re	port
							03/07/1996			
	lace of Business		2a. Mailing Address				4. FEI Number		Apr	plied For
21 3600	1-34th Stn	eet So.	26 3600-34+1 Street So. Suite, Apt. #, etc.			So	65 0647719		Not	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, étc.				5. Certificate of Status Desired		\$8.75 A	
City & State	e	City & State				6. Election Campaign Financing			·	
	Petensbun	o. F/.					Trust Fund Contribution		\$5.00 to Added to	
Zip Country			Zìp Country				8. This corporation owes or has paid the current year Intangible			
24 337/	/ 25 <i>U</i>	SA	29 377//	301/SA			Personal Property Tax due June			No
	dress of Curren	I Registered Agent		10. Name and Address of New Registered Agent						
	ichez, albert a	JR			B1 Name)				
	3 FOURTH ST			1	B2 Street	et Address (P.O. Box Number is Not Acceptable)				
SAF	rasota FL 34326		•	ļ.	33					
					"					
				1	B4 City			FL	85 Zip C	ode
11. Pursuant to	Sections 607.050.	2 and 607.1508, Florida of Florida. Such change	Statutes, the abwas authorized	ove-named by the cor	d corpor	ation submits this statement for the part of directors. I hereby acce		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	ALBERT Signature, typed or printed	name of registered age	nt and title if applicable.	(NOTE: Registered	Agent signatur	re required	when reinstaling)	DATE	/	
12.		OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE	CERS AND	DIRECTORS	3 IN 12
TITLE .	D		☐ DELET	E 1.1 11TL	E	P			Change	Addition
NAME	lane, Peter			1.2 NAM	ŧ€	11.41	VE. PETER	•	•]:
STREET ADDRESS	1133 FOURTH	•		1.3 STR	EET ADDRESS	360	20 - 34th Street	Sout	h	
CITY-ST-ZIP	SARASOTA FL	34326			/-ST-ZIP	St	VE, PETER 20 - 34th Street Petensbung, FL	_337/_	<u>i - 3830</u>)
TITLE	D		DELET	E 2.1 TITL	E	עו	recting, va	7771	☐ Change	Addition
NAME	RUSSELL, MAR			2.2 NAN	IE.	1211	SSMAN DAVID			ľ
STREET ADDRESS	1133 FOURTH			2.3 STR	2.3 STREET ADDRESS 3.		00 - 34+h Street	Sout	h	
CITY-\$T-ZIP	SARASOTA FL	34326		·			SSMAN, DAVID 100 - 34th Street South - Petenabung, FL 3371 (-3830) Addition			
TITLE	`		L DELE1	E 3.1 TITL	£	.	· · · · · · · · · · · · · · · · · · ·	77/ 1	Change ~	Addition
NAME				3 2 NAN	IE					
STREET ADDRESS				3.3 STR	EET ADDRESS					
CITY-ST-ZIP				_	Y-ST-ZIP	ļ				
TITLE			☐ DELET				المراجع والمحر والمحر والمحر		Change	Addition
NAME				4. 2 NA	AE .		500 00 22 -08/04/	<u> </u>	ಕ್ಷವ್ರವ್ಯ	
STREET ADDRESS				4.3 STR	EET ADDRESS					
CITY-ST-ZIP			T occes		-ST-ZIP	ļ	****16		****16	
TITLE			☐ DELET	1				l	Change	Addition
NAME	,			5.2 NAM						-
STREET ADDRESS					et address					
City-St-ZiP			l netra		-ST-ZIP					7 1 1 1 1 1 1 1
TITLE			☐ DELEI					l	Change	Addition
NAME				6.2 NAM						
STREET ADDRESS				6.3 STR	ET ADDRESS	1				

6.4 CITY-ST-ZIP 14. 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 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 I changed, or on an attachment with an address.

CHUMI

7/22/07

DIVISION OF COPORATIONS ANNUAL REPORTS SECTION P.O. Box 6327 Tallahassee, FL 323/4

July 22, 1997

To Whom it May Concern:

RE: ANNUAL REPORT

Please find enclosed the Componation Annual Report for 1997.

We have also enclosed a check in the amount of \$165.00 since we did not neceive the first request.

Please note the additions, connections, and deletions.

If you have any questions, please feel free to call, 813/867-2000, on FAX 813/867-2398.

Thank you for your assistance.

Sincepaly,

Peten Lañe President

PL/cfw Enclosures