

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90093 010 ***150.00

DOCUMENT # P96000022057

1. Corporation Name
CAPRICORN II, INC.

Principal Place of Business
3600-34TH STREET SO.
ST PETERSBURG FL 37711

Mailing Address
3600-34TH STREET SO.
ST PETERSBURG FL 37711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1996

EI Number

65-0647719

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 CAPRICORN II, INC.

Suite, Apt. #, etc.

22 1654 LANDINGS BLVD

City & State

23 SARASOTA FL

Zip

24 34231

Country

25 SARASOTA

2a. Mailing Address

26 1654 LANDINGS BLVD

Suite, Apt. #, etc.

City & State

28 SARASOTA FL

Zip

29 34231

Country

30 SARASOTA

9. Name and Address of Current Registered Agent

SANCHEZ, ALBERT A JR
1133 FOURTH ST
SARASOTA FL 34326

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 Zip Code

85 State

86 City

87 Zip Code

88 State

89 City

90 Zip Code

91 State

92 City

93 Zip Code

94 State

95 City

96 Zip Code

97 State

98 City

99 Zip Code

100 State

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

PETER LANE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-30-99

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER LANE

Date

Daytime Phone #

CR2E034 (1/98)