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FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000022425 (8)

1. Corporation Name

CAPRICO INTERNATIONAL CORPORATION

Principal Place of Business

5025 NW 36TH ST
STE J112
LAUDERDALE LAKES FL 33319
US

Mailing Address

4119 NO STATE ROAD 7
STE 8004
LAUDERDALE LAKES FL 33319
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1996

4. FEI Number

65-0651080

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

DR. ALICE ELAINE HARDMAN

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

5025 N.W. 36TH STREET, SUITE J112

83

84 City

LAUDERDALE LAKES

FL

85 Zip Code

33319

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 Alice Elaine Hardman, M.D. ALICE ELAINE HARDMAN, M.D., PRESIDENT 4/24/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HARDMAN, ALICE ELAINE DR.
STREET ADDRESS 5025 NORTHWEST 36TH STREET, SUITE J112
CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ DELETE

TITLE VD
NAME HARDMAN, PHILIP HOWARD
STREET ADDRESS 5025 NORTHWEST 36TH STREET, SUITE J112
CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☒ DELETE

TITLE STD
NAME HARDMAN, ELAINE MAHONE DR.
STREET ADDRESS 5025 NORTHWEST 36TH STREET, SUITE J112
CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME BAXTER, OSCAR
2.3 STREET ADDRESS 13353 FAIRWINDS DRIVE
2.4 CITY-ST-ZIP STRONGSVILLE, OHIO 44136

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

ALICE ELAINE HARDMAN, M.D. PRESIDENT
4/24/98 954-731-4918

CR2E034 (10/97)