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Apr 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000022425**

1. Corporation Name

CAPRICO INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

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

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 ☒ X

\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARDMAN, ALICE E DR
5025 NW 36TH ST, STE J112
LAUDERDALE LAKES FL 33319**

81 Name **HARDMAN, ALICE E DR**

82 Street Address (P.O. Box Number is Not Acceptable)
5025 NW 36TH ST., STE 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE **VD** ☒ DELETE
NAME **BAXTER, OSCAR**
STREET ADDRESS **13353 FAIRWINDS DR**
CITY-ST-ZIP **STRONGSVILLE OH 44136**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **EDWARD C WHITE SR**
2.3 STREET ADDRESS **867 BOLTON PL NW**
2.4 CITY-ST-ZIP **ATLANTA GA 30331-3309**

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

DR. ALICE E. HARDMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DR. ALICE E. HARDMAN, CEO/PRESIDENT

4/20/99

Date

(954) 242-4485

Daytime Phone #

CR2E034 (11/98)

0301122