

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

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**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90229 001 \*\*\*158.75

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

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified <b>03/12/1996</b>	
4. FEI Number <b>65-0651080</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	<b>HARDMAN, ALICE E DR</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>5025 NW 36TH ST., STE J112</b>
83	
84 City	<b>LAUDERDALE LAKES FL</b>
85 Zip Code	<b>33319</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PO</b> <input type="checkbox"/> DELETE
NAME	<b>HARDMAN, ALICE ELAINE DR.</b>
STREET ADDRESS	<b>5025 NORTHWEST 36TH STREET, SUITE J112</b>
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL 33319</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BAXTER, OSCAR</b>
STREET ADDRESS	<b>13353 FAIRWINDS DR</b>
CITY-ST-ZIP	<b>STRONGSVILLE OH 44136</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE
NAME	<b>HARDMAN, ELAINE MAHONE DR.</b>
STREET ADDRESS	<b>5025 NORTHWEST 36TH STREET, SUITE J112</b>
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL 33319</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>EDWARD C WHITE SR</b>
2.3 STREET ADDRESS	<b>867 BOLTON PL NW</b>
2.4 CITY-ST-ZIP	<b>ATLANTA GA 30331-3309</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 (954) 242-4485  
 Date Daytime Phone #

CR2E034 (11/98)