

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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90073 001 \*\*\*150.00

04-0077

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

DOCUMENT # **P96000038085**

1. Corporation Name  
**CAPRICHI ENTERPRISES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 8129 BOCA RIO DR 8129 BOCA RIO DR  
 BOCA RATON FL 33433 BOCA RATON FL 33433  
 US US

3. Date Incorporated or Qualified  
**05/01/1996**

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

4. FEI Number Applied For  
**65-0662727** Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing  \$5.00 May Be Added to Fees  
 Trust Fund Contribution  
 8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NIDDAM, RICHARD**  
 8129 BOCA RIO DR  
 BOCA RATON FL 33433

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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]* DATE **4/19/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>NIDDAM, MAX</b>	
STREET ADDRESS	<b>7520 LAPAZ COURT, #101</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>NIDDAM, RICHARD</b>	
STREET ADDRESS	<b>8129 BOCA RIO DR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>NIDDAM, ALINE</b>	
STREET ADDRESS	<b>7520 LAPAZ COURT, #101</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NIDDAM, LORI</b>	
STREET ADDRESS	<b>8129 BOCA RIO DR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>RICHARD NIDDAM</b>	
1.3 STREET ADDRESS	<b>8129 BOCA RIO DR.</b>	
1.4 CITY-ST-ZIP	<b>BOCA RATON, FL. 33433</b>	
2.1 TITLE	<b>V. PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MAX NIDDAM</b>	
2.3 STREET ADDRESS	<b>7520 La Paz Ct. #101</b>	
2.4 CITY-ST-ZIP	<b>BOCA RATON, FL. 33433</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)(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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4/19/99**

DAYTIME PHONE #: **561-470-9905**

CR2E034 (11/98)