**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

**DOCUMENT #** P96000001677

1. Corporate Name
Cape Sales, Inc.

Principal Place of Business — Mailing Address

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 8/7/96 | |

2. Principal Place of Business
21 1413 SW 2 Avenue
Suite, Apt. #, etc. 22
City & State 23 Ft Lauderdale FL
Zip 24 33315 Country 25

2a. Mailing Address
26 1413 SW 2 Avenue
Suite, Apt. #, etc. 27
City & State 28 Ft Lauderdale, FL
Zip 29 33315 Country 30

4. FEI Number 65-0691431 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name Gerald Waugh
82 Street Address (P.O. Box Number is Not Acceptable)
83 1413 SW 2 Avenue
84 City Ft Lauderdale **FL** 85 Zip Code 33315

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 and agree to comply with the provisions of, and to be obligated by, Section 607.0505, Florida Statutes.

SIGNATURE: × [signature] 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 | |
|---|---|---|---|
| TYPE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | ☐ Change ☒ Add<br>P, VP, S, T<br>Gerald Waugh<br>1413 SW 2 Avenue<br>Ft. Lauderdale, FL 33315 |
| TYPE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | ☐ Change ☐ Add |
| TYPE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | ☐ Change ☐ Add |
| TYPE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | ☐ Change ☐ Add |
| TYPE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | ☐ Change ☐ Add<br>5/19 |
| TYPE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | ☐ Change ☐ Add<br>500002198515<br>-06/03/97--01003--004<br>***225.00 |

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:** × [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number