PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000102858 1. Corporation Name

CAP-MAR, INC.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90089 019 ***150.00



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Principal Place	e of Business	Mailing	Address				- I (BBICED) IIO IBICE ONLE OBLIC OBLIC OBLIC OBLICA	# 88 11 8 11 40 1 141	81 81181 1911 1981	
3365 AVIATION BLVD. VERO BEACH FL 32960 2511 ATLANTIC BLVD. VERO BEACH FL 32960							DO NOT WRITE IN THI	S SPACE		
	*						3. Date Incorporated or Qualifed	002]
							12/16/1996			Ì
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number Applied For			1.
21		26	J				65-0713203	⊢	lot Applicable	1
Suite, Apt.	#, etc.		ite, Apt. #, etc.				<u>_</u>		Additional	1
22	The second secon	27	<u>.</u>	•			5. Certifcate of Status Desired	Fee F	Required	
City & State		Cit	City & State				6. Election Campaign Financing	\$5.00 May Be		
23		28					Trust Fund Contribution Added to Fees			
Zip	Country Zip				ıntry		8. This corporation owes the current year In		~~	
24	25	29					Personal Property Tax. SYes No			
	9. Name and Address of Current	Registere	d Agent		-		10. Name and Address of New Registered	Agent		-
CADI	DELEN DUCCELL C				81	Name				\
Cappelen, Russell G 2511 Atlantic BLVD.						Street Addr	ddress (P.O. Box Number is Not Acceptable)			1
	D BEACH FL 32960				Ш			_		-
VEN	D DEACH FL 32900			,	83					
					84	City		85 Zip	Code	1
						<u> </u>	FI			
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. S	luch change was at	uthorized	d by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appears	of changing it ointment as r	s registered egistered	
SIGNATURE										
	Signature, typed or printed name of registered agent a			_	i Agen	t signature required				6
12.	OFFICERS AND	DIRECTO	DRS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT		(11/98)
TITLE	D CARDELEN DUOCUL O		L.J DELETE	1.1 TI				Criange		
NAME	CAPPELEN, RUSSELL G			1.2 N						F034
	STREET ADDRESS 2511 ATLANTIC BLVD.					ADDRESS) H
CITY-ST-ZIP	VERO BEACH FL 32960	CH FL 32960		_	1.4 CITY-ST-ZIP 2.1 TITLE			☐ Change	☐ Addition	ď
TITLE)	D CARRELEN MARGELLA		☐ DECE IE					L, Criange	☐ Addition	
NAME	CAPPELEN, MARCELLA		2.2 N							
STREET ADDRESS					ADDRESS				}	
C/TY-ST-ZIP	VERO BEACH FL 32960					T-ZIP	11.65	☐ Change	✓ Addition	
ΠΠLE					3.1 TITLE 3.2 NAME		VICE- PRES		Z ⊒ AdditiOff	
NAME							DAVID M. CAPPELGH			}
STREET ADDRESS	•					, -	2408 ATLANTIC BLVD	006-		
CITY-ST-ZIP			☐ DELETE	3.4. C	TIF	1-ZIP	VERO BEACH FL 32	<u>296⊘</u> ☐ Change	Addition	1
TITLE			CT PEFFIE	4.1 II 4. 2 N				o.ago		Ì
NAME										ļ
STREET ADDRESS						ADDRESS I				
CITY-ST-ZIP TITLE			DELETE	4.4 C/T\ ETE 5.1 T/TL		1-ZIP		Change	Addition	ł
NAME			La secese	5.2 N						
STREET ADDRESS						ADDRESS				
					TY-ST	i				
CITY-ST-ZIP TITLE		_	DELETE	6.1 Tř				Change	Addition	1
NAME				6.2 N				490		Ì
						ADDRESS				
STREET ADDRESS	•				TY-ST					-

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.