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**PROFIT** CORPORATION ... ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9700005599

DIVISION OF CORPORATIONS

## Apr 22, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

04-22-1999 90087 019 \*\*\*150.00

CAPE SI	JPPORT SERVICES, INC.				_			
Principal Place	e of Business	Mailing Add	ress			4 18011861 ISO 1011 SAUL SAUL BRITT	19 9 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 1 <b>99</b> /
927 SOUTHEAST 23 STREET CAPE CORAL FL 33990  927 SOUTHEAST 23 STREET CAPE CORAL FL 33990  927 SOUTHEAST 23 STREET CAPE CORAL FL 33990					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		
						01/21/1997		
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number	Applied	
21		26				NOT APPLICABLE	Not App	
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.			= 0	3.75 Addition	
City & Stat	e	City & S	tate				5.00 May	
23		28	<del> </del>			Trust Fund Contribution	Added to Fee	s
Zip	Country	Zip	ſ <del></del>	Coun	try	8. This corporation owes the current year Intangib		,
24	25	29	30	<u>'</u>		Personal Property Tax.  10. Name and Address of New Registered Agen		,.
	9. Name and Address of Current	Registered Ag	ent	- 1	31 Name	IV. Haille allu Addiess Of Rew Negistered Agen		
AME	RILAWYER CHARTERED					- TO O TO A LOCAL TO A CONTROL OF THE CONTROL OF TH		
	ALMERIA AVENUE				32 Street Add	dress (P.O. Box Number is Not Acceptable)		
	IAL GABLES FL 33134			-	33		74 19	
	_			Ţ	84 City	E1 85	Zip Code	1
<u> </u>	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Elevido Statutos	tho ob	ovo named cor	moration submits this statement for the purpose of chan-	dina its reals	tered
office or r	registered agent, or both; in the State of	f Florida. Such	change was auth	orized	by the corporat	poration submits this statement for the purpose of chan- tion's board of directors. I hereby accept the appointmen	nt as register	ed
agent. I a	m familiar with, and accept the obligat	ióuż òt' zectiőu	607.0505, Florida	a Statu	es.			[
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Re	gistered A	gent signature requi	red when reinstating) DATE		
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS II	V 12
TITLE	PSTD		☐ DELETE	44.77				
NAME	l		□ pereie	1.1 103	E ~			Addition
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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.

ZIENA OR (KOURED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-574-1446