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FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000036970 (6)

1. Corporation Name

CAPRA TECHNOLOGIES, INC.

Principal Place of Business

8488 WEST HILLSBOROUGH AVE
SUITE 201
TAMPA FL 33615

Mailing Address

8488 WEST HILLSBOROUGH AVE
SUITE 201
TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1997

4. FEI Number

59-3444827

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 5313 Johns Rd

Suite, Apt. #, etc.

22 201

City & State

23 Tampa, FL

24 33634

25 Hillsborough

9. Name and Address of Current Registered Agent

HUMPHRIES, WILLIAM F
442 WEST KENNEDY BLVD.
SUITE 200
TAMPA FL 33608

2a. Mailing Address

26 5313 Johns Rd

Suite, Apt. #, etc.

27 201

City & State

28 Tampa, FL

29 33615

30 USA

10. Name and Address of New Registered Agent

81 Name

Chuck Broes

82 Street Address (P.O. Box Number is Not Acceptable)

8488 W. Hillsborough Ave #201

83

84 City Tampa

FL

85 Zip Code

33615

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

Charles Broes, Sec.

3/16/98

Signature types the printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BROES, CHUCK
STREET ADDRESS 8488 W HILLSBOROUGH AVE SUITE 201
CITY-ST-ZIP TAMPA FL 33615

TITLE D
NAME Alfred J. Iezzi
STREET ADDRESS 1437 S. Broad St.
CITY-ST-ZIP Philadelphia, Pa 19145

TITLE D
NAME John Peterson
STREET ADDRESS 22926 Teach Ln.
CITY-ST-ZIP Cudjoe Key, FL 33042

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE: Charles Broes, Sec. 3/16/98 (813)261-0062

CP2E034 (10/97)