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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P97000046145

1. Corporation Name C.A.C. DEVELOPMENT, INC.

## FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90028 047 \*\*\*150.00



Principal Place of Business	Mailing Address							
1284 SW 29TH AVE	1284 SW 29TH AVE							
POMPANO BEACH FL 33069	POMPANO BEACH FL 3	3069			O NOT WRITE	IN THIS S	SPACE	
				3. Date Incorporated		_ 114 771110 (	ANDE	
•				05/23/1997				
2. Principal Place of Business	2a, Mailing Address			4. FEI Number			Ar	plied For
<del>-</del>	26			65-0575846			<u> </u>	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.						\$8.75	
22	27			5. Certifcate of State	us Desired		Fee Re	
City & State	City & State			6. Election Campaig	n Financing	_	\$5.00	May Be
23	28			Trust Fund Contri			Added	-
Zip Country	Zip	Coun	try	8. This corporation of	wes the currer	nt year Inta	ngible	
24 25	29	30		Personal Property			Yes	□No
	of Current Registered Agent			10. Name and Addre	ess of New Re	gistered A	gent	
			31 Name	<del></del>				
Caporella, Nick a Jr.			32 Street	Address (P.O. Box Number is	Not Acceptab	امار		
1284 SW 29TH AVE		[	Street	Address (F.O. Box Number is	s Not Acceptab	110)		
POMPANO BEACH FL 33069	9	1	33					
		L					I I	-
·*.			34 City			FL	85 Zip	Code
agent. I am familiar with, and accept	the State of Florida. Such change was the obligations of, Section 607.0505, I	authorized:	by the com	oration's board of directors. I	hereby accept	the appoin	lment as re	gisterea
office or registered agent, or both, in agent. I am familiar with, and accept SIGNATURE  Signature, typed or printed name of recognitions.	the State of Florida. Such change was the obligations of, Section 607.0505, I egistered agent and title if applicable. (NO	s authorized Florida Statut	by the comes.	required when reinstating)	пегеру ассерт	DATE	ment as re	gistered
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14. I hereby certify that the information supplied with this pling 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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP