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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000064366 1. Corporation Name

CAP-EAST ASSOCIATES, INC.

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

03-22-1999 90105 032 \*\*\*150.00

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Principal Place of Business		Mailing Address				) 344414E) 118 1818 1811 8810 8811		Athle William (1977)	Mista Anstanti	
300 GRECO AVENUE		300 GRECO AVENUE								
CORAL GABLES FL 33146		CORAL GABLES FL 33146				DO NOT WRITE IN THIS SPACE				
						Date Incorporated or Qualifed		017102		1
	•					07/22/1998				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ar	plied For	1
21 .		26				65-0859184		No	ot Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	_	\$8.75		
22		27				or contrade or craige Boards		Eee Re	equired	
City & Stat	e	City & State				6. Election Campaign Financing			May Be to Fees	
Zip	Country	Zip	Cou	ntrv		Trust Fund Contribution	nt vone Int		io rees	1
24	25	F	30	.u.y		<ol><li>This corporation owes the curre Personal Property Tax.</li></ol>	nt year int	angibie <b>V</b> es	□No	
24	9. Name and Address of Current		7		_	10. Name and Address of New Re	gistered	Agent		
				81 Name						
	RPORATION SERVICE COMPANY		}	82 Street	Addres	ss (P.O. Box Number is Not Acceptat	le)			1
1201 HAYS STREET			ļ	or Succe.	Audios	oo (r.o. box ramber to trot recopial				]
TALI	LAHASSEE FL 32301-2525			83						
	•	•	}	84 City				85 Zip	Code	1
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office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was auf	thorized	by the corpo	corpor oration	ation submits this statement for the p 's board of directors. I hereby accept	urpose of the appoi	changing its ntment as re	registered gistered	
SIGNATURE										
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered .	Agent signature r	equired w	when reinstating)	DATE			- ا
40	OFFICEGO AND				<u> </u>		CEDS AN	ID DIBECTO	1DC IN 12	ქ გ
12.	OFFICERS AND	DIRECTORS	13.	F	_ <u></u>	ADDITIONS/CHANGES TO OFF	CERS AN			5
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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 attackment with an address, with all other like empowered.

SIGNATURE:

KRE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR