

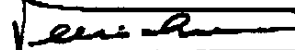
FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90026 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000066349					
1. Corporation Name CAPE TOWN INVESTMENTS, INC.					
Principal Place of Business 5117 CASTELLO DRIVE #1 NAPLES FL 34103			Mailing Address 5117 CASTELLO DRIVE #1 NAPLES FL 34103		
2. Principal Place of Business 21		2a. Mailing Address 25		3. Date Incorporated or Qualified 07/28/1998	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		4. FEI Number 59-3526634	
City & State 22		City & State 27		5. Certificate of Status Desired \$8.75 Additional Fee Required	
Zip 23		Zip 28		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Country 24		Country 29		7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent AMBUERN, JAMES W 5117 CASTELLO DRIVE #1 NAPLES FL 34103			10. Name and Address of New Registered Agent		
			81. Name		
			82. Street Address (P.O. Box Number is Not Acceptable)		
			83.		
			84. City		
			FL 85. Zip Code		
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11. TITLE ☐ DELETE ☐ Change ☐ Addition					
12. NAME D FLEISCHNER, GERHARD					
13. STREET ADDRESS 5117 CASTELLO DRIVE #1					
14. CITY-STATE-ZIP NAPLES FL 34103					
21. TITLE ☐ DELETE ☐ Change ☐ Addition					
22. NAME VT Fleischner Iris					
23. STREET ADDRESS 5117 Castello Dr. #1					
24. CITY-STATE-ZIP Naples, FL 34103					
31. TITLE ☐ DELETE ☐ Change ☐ Addition					
32. NAME					
33. STREET ADDRESS					
34. CITY-STATE-ZIP					
41. TITLE ☐ DELETE ☐ Change ☐ Addition					
42. NAME					
43. STREET ADDRESS					
44. CITY-STATE-ZIP					
51. TITLE ☐ DELETE ☐ Change ☐ Addition					
52. NAME					
53. STREET ADDRESS					
54. CITY-STATE-ZIP					
61. TITLE ☐ DELETE ☐ Change ☐ Addition					
62. NAME					
63. STREET ADDRESS					
64. CITY-STATE-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, with all other like empowered.

SIGNATURE:

 (DR. G. FLEISCHNER) 4.28.99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-649-1152

Telephone Number

CR2E034 (11/98)