**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000083829

1. Corporation Name

CAPITAL PRODUCTS SERVICES, INC.					
Principal Place	of Business	Mailing Address			
5875 SKOKIE RD. 5875 SKOKIE RD.					· ·
LAKE WALES FL 33853 LAKE WALES FL 33853					DO NOT WRITE IN THIS SPACE
	•				3. Date Incorporated or Qualifed
					09/28/1998
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
			27		65-0868955 Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		,	5. Certificate of Status Desired   \$8.75 Additional
22		27	~. <del>-</del> -		Fee Required
City & State		City & State	F).		6. Election Campaign Financing \$5.00 May Be
23		20 10411111			Trust Fund Contribution Added to Fees
Zip	Country	Zip 29 33838 3	Count	ry	8. This corporation owes the current year Intangible Personal Property Tax  Very Service International Property Tax
24	9. Name and Address of Current		30		Personal Property Tax Yes No  10. Name and Address of New Registered Agent
	s. Name and Address of Current	Registered Agent		1 Name	
LOPEZ, JESUS					
5875 SKOKIE RD.				2 Street	et Address (P.O. Box Number is Not Acceptable)
LAKE WALES FL 33853			5	13	
	W.E.G. / E. GOOD		`		
	•		8	4 City	FL 85 Zip Code
11 Pureuant to	the provisions of Sections 607 0502	and 607.1508. Florida Statutes	s. the abo	<u>, l</u> ve-патеd	d comparation submits this atotement for the surross of changing its registered
office or re	gistered agent, or both, in the State of	Florida, Such change was aut	thorized I	y the corp	reporation's board of directors. I hereby accept the appointment as registered
ł	n tamiliar with, and accept the obligation	JIIS OI, Section 607.0303, Florid	ua Statut	33,	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered A	jent signature	e required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITL	•	☐ Change ☐ Addition
NAME	LOPEZ, JESUS		1.2 NAM	E	
STREET ADDRESS	5875 SKOKIE RD.		1.3 STR	ET ADDRESS	s
CITY-ST-ZIP	LAKE WALES FL 33853		1.4 CITY	-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITL	<u> </u>	☐ Change ☐ Addition
NAME	LEON, HARRY		2.2 NAM	E	· .
STREET ADDRESS	Driess 1999 Correction 1771		2.3 STR	ET ADDRESS	s
CITY-ST-ZIP	KISSIMMEE FL 34744			-ST-ZIP .	5 - 1 - 1 - 5 - 5 - 1 - 1 - 1 - 1 - 1 -
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAM	E	
STREET ADDRESS			3.3 STR	EET ADDRESS	s
CITY-ST-ZIP			_	'-ST-ZIP	
TITLE		☐ DELETE	4.1 T∏L	Ē	☐ Change ☐ Addition
NAME	• •	4	4.2 NAM	Œ	

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, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

□ DELETE

941-438-9006

☐ Change

Change

Addition

Addition

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90093 010 \*\*\*150.00