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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S15663

(5)

CAPE CORAL BUILDING CORPORATION

	F	ILED			
May	12	1997	8:00am		
Sec	FILED May 12 1997 8:00am Secretary of State				



18167 US HWY 19 N. STE 660		181	Mailing Address 18167 US HWY, 19 N #660			4 1981191 - (81 1)861 21(10 21(10 21(10 31(1) 312(1) 31				
CLEARWATER,	EL 34624		EARWATER,F L 346244	6569						
US							 Date Incorporated or Qualified 11/19/1990 		le of Last 1/1996	
	lace of Business	2a.	Mailing Address				4. FEI Number			Applied For
21		26					59-3036942			Vot Applicable
Sulte, Apt.	#, GIC.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional Regulred
City & State	0		City & State				E Clastica Compolar Financia			
23		28					Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip	Country		Zip	Cou	ıntry		8. This corporation has liability for in			
24	25	29		30			Florida Statutes	Yes [] No	3. 130.032.,
	g. Name and Address of Currer	nt Regis	lered Agent				10. Name and Address of New Reg	istered A	gent	
	NSON, R. K				81	Name				
	37 US HWY 19 NORTH				82	Street Add	dress (P.O. Box Number is Not Acceptable	0)	.	
	E 660							~,		
CLE	ARWATER FL 34624				83					
					84	City			85 Zir	Code
44 6	L. (1)	- Ta	7					FL	1 1 '	
l Onice or t	edistered adent, or doth, in the State	OT FIGURE	ia. Such change was	authorized	ri tiv	The cornor:	rporation submits this statement for the pu ation's board of directors. I hereby accept	rpose of the appr	changing introdu	its registered
agent. I a	m familiar with, and accept the oblig	ations of	, Section 607.0505, Fi	lorida Stat	tutos	s		and oppo		io regiotorea
SIGNATURE	Signature, typed or printed name of registered ago	out and title	Z	71 6						
12,	OFFICERS AN			13.	d Age	ni signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIDECTO	DC IN 12
TITLE	DP		DELETE	1.1 10	TLE		ADDITIONS/CHANGES TO OFFICE	no AND	Change	
NAME	JOHNSON, R. K			1.2 NA				,		
STREET ADDRESS	18167 US HWY 19 N., #660			1.3 \$1	IREET	ADDRESS				
CITY-ST-ZIP	CLEARWATER FL			1.4 CI						
TITLE	DS		DELETE	2.1 11					Change	Addition
NAME	ezell, Neil			2.2 NA	AME					
STREET ADDRESS	18167 US HWY 19 N. #660			2.3 \$1	REE1	ADURESS				
CITY-ST-ZIP	CLEARWATER FL			2.40	114-5	ST- ZIP				•
TITLE	D		DECETE	3.170	ΠĒ				Change	☐ Addition
NAME	JOHNSON, RICHARD C.			3.2 NA	M€	1				
STREET ADDRESS	18167 US HWY 19 N., #660			3.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	CLEARWATER FL			3.4. C	-	T-ZIP				
TITLE			☐ DELETE	4.1 TIT]	Change	☐ Addition
NAME				4. 2 N	AME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELETE	4.4 CF		- ZIP				
TITLE			L_ DELETE	5 1 T)		-		ł	Change	☐ Addition
NAME PERCET ADDOCCO				5 2 NA						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP TITLE	4		DELETE	54 CI		r-ZIP			Chan	A description
NAME				6.1 1\1 6.1 1\1				1	Change	Addition
STREET ADDRESS				6.2 NA						
						ADDRESS				
City-St-ZiP	y certify that the information supplier	d with thi	s filipo does not qual	6.4 CH			ed in Section 119 07/3Vi). Florida Statutes	1 further	oostifu the	ut the

the information information supplied with this filling 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that the amain 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.