

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V16815** (5)

1. Corporation Name

CAP HARBOR, INC.



Principal Place of Business

**1221 BRICKELL AVE
MIAMI FL 33131**

Mailing Address

**1221 BRICKELL AVE
MIAMI FL 33131**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MEYERSON, LAURENCE
1221 BRICKELL AVE
MIAMI FL 33131**

3. Date Incorporated or Qualified

02/26/1992

3a. Date of Last Report

05/02/1995

4. FEI Number

65-0324260

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

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

(To be signed by Agent or registered agent, if the agent is a corporation, the registered agent must be a natural person.)

(To be signed by Agent or registered agent, if the agent is a corporation, the registered agent must be a natural person.)

Date

12. OFFICERS AND DIRECTORS

1. TITLE	PD	☒ DELETE
2. NAME	PAUL, MICHAEL	
3. STREET ADDRESS	1221 BRICKELL AVE	
4. CITY-STATE-ZIP	MIAMI FL	
5. TITLE	D	☐ DELETE
6. NAME	HARRIS, LUCIOUS T.	
7. STREET ADDRESS	1221 BRICKELL AVE	
8. CITY-STATE-ZIP	MIAMI FL	
9. TITLE	D	☐ DELETE
10. NAME	PROMOFF, DAVID	
11. STREET ADDRESS	1221 BRICKELL AVE	
12. CITY-STATE-ZIP	MIAMI FL	
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P/D	☒ Change ☐ Addition
2. NAME	TANIS, ROY D.	
3. STREET ADDRESS	1221 BRICKELL AVE.	
4. CITY-STATE-ZIP	MIAMI, FL	
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Roy D. Tanis

Roy D. Tanis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

305-536-1653

Date

Phone Number

CR2E034 (12/95)