

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

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 33131-3224



3. Date Incorporated or Qualified 02/26/1992 3a. Date of Last Report 02/12/1996

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

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

9. Name and Address of Current Registered Agent

MEYERSON, LAURENCE  
1221 BRICKELL AVE  
MIAMI FL 33131

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	DELETE	1.1 TITLE	S	Change	Addition
NAME	TANIS, ROY D		1.2 NAME	Carstarphen, Lisa R.		
STREET ADDRESS	1221 BRICKELL AVE		1.3 STREET ADDRESS	1221 Brickell Avenue		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, Fl. 33131		
TITLE	D	DELETE	2.1 TITLE		Change	Addition
NAME	HARRIS, LUCIOUS T.		2.2 NAME			
STREET ADDRESS	1221 BRICKELL AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP			
TITLE	D	DELETE	3.1 TITLE		Change	Addition
NAME	PROMOFF, DAVID		3.2 NAME			
STREET ADDRESS	1221 BRICKELL AVE		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. I do 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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97 (305)536-1550

CR2E034 (9/96)