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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V26387**

1. Corporation Name

CAPITAL - CAGE CORPORATION

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90161 001 ***150.00

	HARA BUBU BUBU BUBU BUB	

	·					A DIDIA UTUT UTUT DEDE ETER TEDE
Principal Place	e of Business	Mailing Address				
	KLAND PARK BLVD.	2050 EAST OAKLAND PARK I	BLVD.		1	
SUITE 209 FORT LAUDERDALE FL 33306		SUITE 209 FORT LAUDERDALE FL 33306		DO NOT WRITE IN THIS SPACE		
		TOTAL DAUDENDALE IL 3000	,		3. Date Incorporated or Qualifed	0.7.02
					04/03/1992	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0334089	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certifcate of Status Desired	Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be	
23	─				Trust Fund Contribution	Added to Fees
Zip			Country	/	8. This corporation owes the current year	Intangible
24	25	29	30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent
OIO/	DAINELL MICHAEL A		81	Name		
	DNNELL, MICHAEL A EAST OAKLAND PARK BLVD.		82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
	E 209					
	E 209 T LAUDERDALE FL 33306		83			
ruk	I EAUDERDALE PL 33300		84	City		85 Zip Code
				-	<u>_</u> <u>_</u> <u></u> <u></u>	L i
office or n agent. I a	egistered agent, or both, in the State of mailiar with, and accept the obligat	if Florida. Such change was auth	nonized by	the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature requir	ed when reinstating) DATE	
12.	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	MEYER, LUKE		1.2 NAME			
STREET ADORESS			1.3 STREE	TADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-5	T-ZIP		
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			}
STREET ADDRESS			2.3 STREE	TADDRESS		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		
TITLE		DELETE	3.1 TITLE	-	and Program Co.	Change Addition
NAME			3.2 NAME		,	
STREET ADDRESS			3.3 STREE	T ADDRESS		ļ
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE	•	☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			+
STREET ADDRESS			4.3 STREE	TADDRESS		
C!TY-\$T-ZIP			4.4 CITY-5	T-ZIP		Channe Claddin
TITLE		☐ DELETE	5.1 TITLE	}		Change Addition
NAME			5.2 NAME		•	
STREET ADDRESS			ŀ	TADDRESS		
CITY-ST-ZIP			5.4 CITY-5	T-ZIP	<u></u>	
·TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME	<i>;</i>	**	6.2 NAME			
STREET ADDRESS				TADORESS		†
CITY ST. 710			6.4 CITY-5	T-7IP		

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 of 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: