

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V39588** (1)

1. Corporation Name

**CAPRICORN INVESTMENT CORPORATION, INC.**



Principal Place of Business

**5907 BEVERLY DR  
HUDSON FL 34667**

Mailing Address

**P.O. BOX 17034  
PLANTATION FL 33318-7034  
US**

3. Date Incorporated or Qualified  
**05/27/1992**

3a. Date of Last Report  
**03/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 **5907 BEVERLY DR** 26 **5907 BEVERLY DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **HUDSON FL** 27 **14129 U.S. 19**

City & State

City & State

23 **FL** 28 **HUDSON FL**

Zip

Country

Zip

Country

24 **34667** 25 **US** 29 **34667** 30 **FL**

4. FEI Number  
**59-3165568**

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 ☒ **NO**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PANESON, DARLENE D.  
5907 BEVERLY DR  
HUDSON FL 34667**

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

Signature typed or printed name of registered agent and date of application

(If not, Registered Agent's signature required on this application)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

**DPTS  
PANESON, DARLENE  
5907 BEVERLY DRIVE  
HUDSON FL**

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

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TITLE NAME ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- 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:

**Darlene Paneson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/1996**  
DATE

CR2E034 (12/95)