

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 MAY -1 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V65729 (8)**
1. Corporation Name
CAICO, INC.

Principal Place of Business	Mailing Address
#8 COCOA BLVD. SUITE 201 COCOA FL 32922 US	794 ARABIA RD. SE SUITE 201 PALM BAY FL 32909 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/21/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3145044	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 #6 S. COCOA BLVD Suite, Apt. #, etc.	26 794 ARABIA, RD. S.E. Suite, Apt. #, etc.
22 City & State 23 COCOA, FLORIDA	27 City & State 28 PALM BAY, FLORIDA
24 Zip 32922	25 Country U.S.A.
29 Zip 32909	30 Country U.S.A.

9. Name and Address of Current Registered Agent

**MAHARAJ, CAPILDEO B.
794 ARABIA RD, SE
SUITE-201
PALM BAY FL 32909**

10. Name and Address of New Registered Agent

81 Name	84 City	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)		
83		

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 _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAHARAJ, CAPILDEO B.
STREET ADDRESS	794 ARABIA RD., SE
CITY - ST - ZIP	PALM BAY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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: *Capildeo* **CAPILDEO MAHARAJ** 04/26/95 (407) 639-0649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #