

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

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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90167 044 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V65729

1. Corporation Name
CAPICO, INC.



Principal Place of Business
 #6 S. COCOA BLVD.
 COCOA FL 32922
 US

Mailing Address
 794 ARABIA RD. S.E.
 PALM BAY FL 32909
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/21/1992

4. FEI Number
59-3145044 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **119 VIN ROSE CIRCLE S.E.**
 Suite, Apt. #, etc.

22 **PALM BAY**
 City & State

23 **FLORIDA**
 Country

24 **32909** 25 **BREVARD**
 Zip Country

2a. Mailing Address
 26 **119 VIN ROSE CIRCLE S.E.**
 Suite, Apt. #, etc.

27 **PALM BAY F**
 City & State

28 **FLORIDA**
 Country

29 **32909** 30 **BREVARD**
 Zip Country

9. Name and Address of Current Registered Agent
MAHARAJ, CAPILDEO B.
794 ARABIA RD, SE
PALM BAY FL 32909

10. Name and Address of New Registered Agent

81 Name **MAHARAJ, CAPILDEO B.**

82 Street Address (P.O. Box Number is Not Acceptable)
119 VIN ROSE CIR. S.E.

83 **PALM BAY**

84 City **FL** 85 Zip Code **32909**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHARAJ, CAPILDEO B.	1.2 NAME	
STREET ADDRESS	794 ARABIA RD., SE	1.3 STREET ADDRESS	119 VIN ROSE Cir, SE
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP	Palm Bay FL. 32909.
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE **CAPILDEO B. MAHARAJ** PREPARED **04/28/99** 407-984-7034
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)