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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

Secretary	of State

**FILED** 

Feb 26 1998 8:00am

	1998	DIVISION OF (	CORPORATIONS		
1	MENT # V6839 LOOK OF CAPE HAZE, INC	` '			2/2/1 4/4/1 2/2/1 2/2/3 4/4/1
Principal Plac	a of Rusiness	Mailing Address			/ 810H 040H 010H 010H 100H
		•			
1861 PLACIDA BD 1861 PLACIDA BD SUITE 1804 204			·		
ENGLEWOOD FL 34223 ENGLEWOOD FL 34223			DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualified 10/02/1992	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0360521	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 204		27 204			Fee Required
City & Stat	0	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	<del></del>
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered	Agent
	ersagen, scott d.		81 Name		
	BATSEL, MCKINLEY & ITTERSAGEN, P.A.			ress (P.O. Box Number is Not Acceptable)	
	BI PLACIDA ROAD, SUITE 104		83		
EN	GLEWOOD FL 34223				
•			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the above-named corp	poration submits this statement for the purpose of the board of directors. I hereby accept the app	f changing its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida. Such change was a ations of, Section 607,0505, Flo	authorized by the corporat orida Statutes.	tion's board of directors. I hereby accept the app	ointment as registered
SIGNATURE					
	Signature, typed or printed name of registered age		E: Registered Agent signature requi		
12.	OFFICERS AN	D DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	WARD, CAROL	Otter	1.2 NAME	•	C outrigo C Addition
STREET ADDRESS	2418 RISKAN TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		1.4 CITY-ST-ZIP		
TITLE	DVPS	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WARD, RAY		2.2 NAME		
STREET ADDRESS	2418 RISKAN TERRACE		2.3 STREET ADDRESS		}
CITY-ST-ZIP	PORT CHARLOTTE FL	DELETE	2. 4 CITY - ST - ZIP		Change   Addition
TITLE		ר ווייים ביים	3.1 TITLE 3.2 NAME		Change
NAME Street address			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			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 ATOSST ADDOSOD			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME	•		62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
44 Lhoroby o	actifus that the information ourselied wi	ith this filing done not qualify to	the exemption stated in	Section 119 07/31/i) Florida Statutos I further ca	wife that the information

r new certify that the information supplied with this triing 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 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: