

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Apr 30 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # V71149 (1)**

1. Corporation Name  
**CAPRI INVESTORS, INC.**



Principal Place of Business  
**1859 N PINE ISLAND RD  
SUITE 1271  
PLANTATION FL 33322  
US**

Mailing Address  
**1859 N PINE ISLAND RD  
SUITE 1271  
PLANTATION FL 33322  
US**

3. Date Incorporated or Qualified  
**10/14/1992**

3a. Date of Last Report  
**04/19/1995**

4. FEI Number  
**65-0376962**

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  Yes  No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country

**9. Name and Address of Current Registered Agent**

XXXXXX  
MARK JAMES  
150 S.E. 2ND AVE.  
STE. #500  
MIAMI FL 33131

**10. Name and Address of New Registered Agent**

81. Name  
**Robert Maccelli**

82. Street Address (P.O. Box Number is Not Acceptable)  
**1859 N. Pine Island Rd., Suite 1271**

83.

84. City  
**Plantation, FL**

85. Zip Code  
**33322**

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 obligation of, Section 607.0905, Florida Statutes.

SIGNATURE: *Robert Maccelli* **Robert Maccelli** **April 10, 1996**

(NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	DPV	<input checked="" type="checkbox"/> DELETE
NAME	KEARNEY, ROBIN A.	
STREET ADDRESS	15231 ELLIPSE DR.	
CITY - ST - ZIP	MANASSAS VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	DPV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MACCELLI, ROBERT	
1.3 STREET ADDRESS	1859 N. PINE ISLAND RD., #1271	
1.4 CITY - ST - ZIP	PLANTATION, FL 33322	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert Maccelli* **4-10-96** **(954) 537-9644**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95) 6