## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT Aug 04 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # 643809 THE CAPER CORPORATION Principal Place of Business Mailing Address 18092 SAN CARLOS BLVD 1901 KENT STREET **APT 924** SUITE E FT MYERS BEACH FL 33931 WILMINGTON NC 28403 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 11/01/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 58-1378892 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GOLDBERG, HARVEY B 81 Name Ronald S. Holliday 2201 MAIN STREET 82 Street Address (P.O. Rox Number is Net Acceptable) FORT MYERS FL 33901 83 101 E. Kennedy Blvd., Suite 2000 84 City Tampa 33802 11. Pursuant to the provi office or registered a agent. I am familia urida Statutes, the above-named corporation submits this statement for the purpose of changing its registered change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 607.0505, Florida Statutos. 7/29/97 SIGNATURE Signature, typed or printed name of registered agent and title if applicationald (NSI); RHOLLAday iture required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETÉ 1.1 TITLE Change Addition PANCOE, WALTER NAME 1.2 NAME 1 E. ERIE ST., SUITE 225 STREET ADDRESS 1.3 STREET ADDRESS CHICAGO IL CITY-ST-ZIP 1.4 City - ST- ZIP DELETE TITLE 2.1 TITLE Change \_\_\_ Addition KORTLANDER, POLLY R NAME 2.2 NAME 1 EAST ERIE ST SUITE 225 STREET ADDRESS 2.3 STREET ADDRESS CHICAGO IL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE. 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 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truetee 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 or an attachment with an address.

**FILED** 

7/2 × 107 (01) 242.