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PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	Jan 28 1998 8:00am Secretary of State
OCUMENT # 643809 THE CAPER CORPORATION	(7)	T HEGITA BUTTU BILANG HURU JAHU BUTTU DAN BURU BUBUK

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550 00

D(Mailing Address Principal Place of Business 18092 SAN CARLOS BLVD 1901 KENT STREET **APT 924** SUITE E DO NOT WRITE IN THIS SPACE FT MYERS BEACH FL 33931 WILMINGTON NC 28403 บร 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 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 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 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HOLLIDAY, RONALD S C/O RUDNICK & WOLFE Street Address (P.O. Box Number is Not Acceptable) 101 E KENNEDY BLVD., SUITE 2000 83 TAMPA FL 33602 84 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE PANCOE, WALTER NAME 1.2 NAME **CR2E034** 1 E. ERIE ST., SUITE 225 STREET ADDRESS 1.3 STREET ADDRESS CHICAGO IL CiTY - ST - ZIP 1.4 CITY-ST-ZIP TITLE □ DELETE ☐ Change Addition 2.1 TITLE NAME KORTLANDER, POLLY R 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 DELETE Change TITLE Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CMY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP ☐ DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST- 2IP 5.4 CITY-ST-ZIP TITLE □ DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 of the refereiver 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 of all all chimght with all foress.

SIGNATURE:

1/5/98