

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 643809

1. Corporation Name
THE CAPER CORPORATION

Principal Place of Business

18092 SAN CARLOS BLVD
APT 924
FT MYERS BEACH FL 33931
US

Mailing Address

1901 KENT STREET
SUITE E
WILMINGTON NC 28403
US

2. Principal Place of Business

21. 1800 Estero Blvd.

2a. Mailing Address

26. Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. Apt. 203

Suite, Apt. #, etc.

27. City & State

City & State

23. Ft. Myers Beach

City & State

28. Zip

24. 33931

25. Lee

29. Zip

30. Country

9. Name and Address of Current Registered Agent

HOLLIDAY, RONALD S
C/O RUDNICK & WOLFE
101 E KENNEDY BLVD., SUITE 2000
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1979

4. FEI Number

58-1378892

Applied For

Not Applicable

5. Certificate of Status Desired

☒ Yes

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PANCOE, WALTER
STREET ADDRESS 1 E. ERIE ST., SUITE 225
CITY-ST-ZIP CHICAGO IL

TITLE VP
NAME KORTLANDER, POLLY R
STREET ADDRESS 1 EAST ERIE ST SUITE 225
CITY-ST-ZIP CHICAGO IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90025 011 ***158.75



CR2E034 (1/98)