

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

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000005002**
 1. Corporation Name

CAPSTONE CAPITAL OF BONITA BAY, INC.
 Principal Place of Business Mailing Address

1000 URBAN CENTER PKWY BIRMINGHAM, AL 35242
1000 URBAN CENTER PKWY BIRMINGHAM, AL 35242

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 **SUITE 630** 27 **SUITE 630**
 City & State City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified **09/13/94** 3a. Date of Last Report **05/95**
 4. FEI Number **63-1127900** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing **\$5.00** May Be Added to Fees
 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

10. Name and Address of New Registered Agent
 #1 Name
 #2 Street Address (P.O. Box Number is Not Acceptable)
 #3
 #4 City
 #5 Zip Code **FL**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCROBERTS, JOHN W 1000 URBAN CTR PKWY BHAM AL 35242	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	CD SCRUSHY, RICHARD M 2 PERIMETER PARK S, BHAM AL 35242 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD KIZER, ANDREW L 1000 URBAN CTR PKWY BHAM AL 35242	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	D MARTIN, MICHAEL D 2 PERIMETER PARK S, BHAM AL 35242 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HARLAN, WILLIAM C 1000 URBAN CTR PKWY BHAM AL 35242	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	5000018431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition -05/29/96--01117--000 ***200.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5-1-96 AEB

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: Andrew L. Kizer **4/29/96 (205) 927-2092**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #