

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

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

DOCUMENT # F9400005006

1. Corporation Name

300001840723
 -05/28/96--01031--027
 ***200.00

CAPSTONE CAPITAL OF SARASOTA, INC.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified **09/13/94** 3a. Date of Last Report **05/95**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

63-1127902

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 **SUITE 630**
 City & State

27 **SUITE 630**
 City & State

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 **M CROBERTS, JOHN W**
 STREET ADDRESS **1000 URBAN CTR PKWY BHAM AL 35242**
 CITY - ST - ZIP

TITLE **VSTD**
 NAME **KIZER, ANDREW L**
 STREET ADDRESS **1000 URBAN CTR PKWY BHAM AL 35242**
 CITY - ST - ZIP

TITLE **VD**
 NAME **HARLAN, WILLIAM C**
 STREET ADDRESS **1000 URBAN CTR PKWY BHAM AL 35242**
 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

11 TITLE **CD** Change Addition
 12 NAME **SCRUSHY, RICHARD M**
 13 STREET ADDRESS **2 PERIMETER PARK S, BHAM AL 35242**
 14 CITY - ST - ZIP

21 TITLE **D** Change Addition
 22 NAME **MARTIN, MICHAEL D**
 23 STREET ADDRESS **2 PERIMETER PARK S, BHAM AL 35242**
 24 CITY - ST - ZIP

31 TITLE Change Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY - ST - ZIP

41 TITLE Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY - ST - ZIP

51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY - ST - ZIP

61 TITLE Change Addition
 62 NAME
 63 STREET ADDRESS
 64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #