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Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005006 (1)

1. Corporation Name
CAPSTONE CAPITAL OF SARASOTA, INC.



Principal Place of Business: 1000 URBAN CENTER PARKWAY SUITE 630 BIRMINGHAM AL 35242
Mailing Address: 1000 URBAN CENTER PARKWAY SUITE 630 BIRMINGHAM AL 35242-2515

3. Date Incorporated or Qualified: 09/27/1994 9 | 13 | 94
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 1000 Urban Center Drive
2a. Mailing Address: 1000 Urban Center Drive
4. FEI Number: 63-1127002
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. 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: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0532 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, 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 and I am authorized to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: [Date]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: PD MCROBERTS, JOHN W	<input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 1000 URBAN CENTER PARKWAY BIRMINGHAM AL 35242		1.2 NAME: 1000 Urban Center Drive, Suite 630	
CITY-ST-ZIP: BIRMINGHAM AL 35242		1.3 STREET ADDRESS: 1000 Urban Center Drive, Suite 630	
TITLE: VSTD	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP: 1000 Urban Center Drive, Suite 630	
NAME: KIZER, ANDREW L	<input type="checkbox"/> DELETE	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 1000 URBAN CENTER PARKWAY BIRMINGHAM AL 35242		2.2 NAME: 1000 Urban Center Drive, Suite 630	
CITY-ST-ZIP: BIRMINGHAM AL 35242		2.3 STREET ADDRESS: 1000 Urban Center Drive, Suite 630	
TITLE: VD	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP: 1000 Urban Center Drive, Suite 630	
NAME: HARLAN, WILLIAM C	<input type="checkbox"/> DELETE	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 1000 URBAN CENTER PARKWAY BIRMINGHAM AL 35242		3.2 NAME: 1000 Urban Center Drive, Suite 630	
CITY-ST-ZIP: BIRMINGHAM AL 35242		3.3 STREET ADDRESS: 1000 Urban Center Drive, Suite 630	
TITLE: CD	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP: 1000 Urban Center Drive, Suite 630	
NAME: SCRUSHY, RICHARD M.	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 2 PERIMETER PARK S. BIRMINGHAM AL 35242		4.2 NAME: D	
CITY-ST-ZIP: BIRMINGHAM AL 35242		4.3 STREET ADDRESS: D	
TITLE: CD	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP: D	
NAME: MARTIN, MICHAEL D.	<input type="checkbox"/> DELETE	5.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 2 PERIMETER PARK S. BIRMINGHAM AL 35242		5.2 NAME: D	
CITY-ST-ZIP: BIRMINGHAM AL 35242		5.3 STREET ADDRESS: D	
TITLE: CD	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP: D	
NAME: [Blank]	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: [Blank]		6.2 NAME: [Blank]	
CITY-ST-ZIP: [Blank]		6.3 STREET ADDRESS: [Blank]	
TITLE: [Blank]		6.4 CITY-ST-ZIP: [Blank]	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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] DATE: 1/28/97 205-967-2092

CR2E034 (9/96)