

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90056 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000006940
 1. Corporation Name
CAPITAL ASSET RESEARCH FUNDING 1998-A INC.



Principal Place of Business 3950 RCA BLVD. SUITE 5001 PALM BEACH GARDENS FL 33410	Mailing Address 3950 RCA BLVD. SUITE 5001 PALM BEACH GARDENS FL 33410
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/21/1998

21. Principal Place of Business Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number
65-0881580

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**C T 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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	TILLEY, CHRISTOPHER	
STREET ADDRESS	113 KING STREET	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HAMILTON, GEORGE R	
STREET ADDRESS	3950 RCA BLVD. SUITE 5001	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GORANSSON, BARBARA G	
STREET ADDRESS	3950 RCA BLVD. SUITE 5001	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TREADWELL, KENNETH A	
STREET ADDRESS	3950 RCA BLVD. SUITE 5001	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GREETHAM, DONALD E	
STREET ADDRESS	3950 RCA BLVD. SUITE 5001	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BILOTTA, FRANK B	
STREET ADDRESS	TWO WALL STREET	
CITY-ST-ZIP	NEW YORK NY 10005	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Kenneth Treadwell **SIGNATURE REQUIRED** Kenneth Treadwell Vice President 561-776-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/23/99 Date Daytime Phone #

CR2E034 (1/98)