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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **J02437**

1. Corporation Name
THE CAPCO GROUP, INC.



Principal Place of Business 2020 NW MIAMI COURT 3135 SW THIRD AVE. MIAMI FL 33127 US	Mailing Address 2020 NW MIAMI COURT 3135 SW THIRD AVE. MIAMI FL 33127 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2020 N.W. MIAMI COURT Suite, Apt. #, etc.	2a. Mailing Address 26 2020 NW MIAMI COURT Suite, Apt. #, etc.
22 City & State 23 MIAMI FL.	27 City & State 28 MIAMI, FL.
24 33127 25 US	29 33127 30 US

3. Date Incorporated or Qualified 03/05/1986	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
MURPHY, WILLIAM F.
 3135 SW THIRD AVE.
 MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name ELISA COTON
82 Street Address (P.O. Box Number is Not Acceptable) 2020 NW MIAMI COURT
83
84 City MIAMI
85 Zip Code FL 33127

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Elisa Coton* **ELISA COTON** 4-28-99
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 D	<input checked="" type="checkbox"/> DELETE
NAME ZUCKERMAN, MORRIS	DECEASED
STREET ADDRESS 2300 SW 22ND AVE.	
CITY-ST-ZIP MIAMI FL 9-27-98	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME ENID ZUCKERMAN	
1.3 STREET ADDRESS 875 WEST END AVE APT 12F	
1.4 CITY-ST-ZIP NEW YORK, N.Y. 10025	
2.1 TITLE VICE/PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME ELISA COTON	
2.3 STREET ADDRESS 2020 N.W. MIAMI COURT	
2.4 CITY-ST-ZIP MIAMI, FL. 33127	
3.1 TITLE SEC/TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME RONALD H. GITTER	
3.3 STREET ADDRESS 110 EAST 59TH STREET	
3.4 CITY-ST-ZIP N.Y. N.Y 10022	
4.1 TITLE VICE/PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME SUZAN ZUCKERMAN	
4.3 STREET ADDRESS 7540 LEXINGTON AVE	
4.4 CITY-ST-ZIP LOS ANGELES, CA. 90046	
5.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME DEBRA ZUCKERMAN	
5.3 STREET ADDRESS 69 HAVERSTOCK HILL	
5.4 CITY-ST-ZIP	
6.1 TITLE LONDON NW3 4SL ENGLAND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME DIRECTOR	
6.3 STREET ADDRESS DAVID MILLER	
6.4 CITY-ST-ZIP 88 BLEECKER STREET, #6N	

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: *Elisa Coton* **ELISA COTON** 4-28-99 305-573-8120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)