

424 97 B5349 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M44975 (4)

1. Corporation Name
CAPITAL NATIONAL FINANCIAL CORPORATION

Principal Place of Business
1570 MADRUGA AVE #309
CORAL GABLES FL 33146

Mailing Address
1570 MADRUGA AVE #309
CORAL GABLES FL 33146-3013

3. Date Incorporated or Qualified
01/16/1987

3a. Date of Last Report
03/25/1996

2. Principal Place of Business

21 500 N.E. Spanish River Blvd

Suite, Apt. #, etc.

22 Suite 207

City & State

23 Boca Raton FL

24 33431

Country

25 Palm Beach

Zip

9. Name and Address of Current Registered Agent

GOLDMAN, ALINA M.
1570 MADRUGA AVE #309
CORAL GABLES FL 33146

2a. Mailing Address

26 500 N.E. Spanish River Blvd

Suite, Apt. #, etc.

27 Suite 207

City & State

28 Boca Raton FL

29 33431

Country

30 Palm Beach

4. FEI Number
59-2766111

Applied F
Not Appl

5. Certificate of Status Desired

\$8.75 Additi
Fee Require

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 M
Added

8. This corporation has liability for intangible tax under s
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name New Address

82 Street Address (P.O. Box Number is Not Acceptable)

500 N.E. Spanish River Blvd.

83 Suite 207

84 City Boca Raton

FL

85 Zip Code 33431

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 DVS
NAME GOLDMAN, ALINA M.
STREET ADDRESS 1570 MADRUGA AVE #309
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE DPT
NAME GOLDMAN, LAWRENCE M.
STREET ADDRESS 1570 MADRUGA AVE #309
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DVS
1.2 NAME GOLDMAN, ALINA M.
1.3 STREET ADDRESS 500 N.E. Spanish River Blvd, Suite 207
1.4 CITY-ST-ZIP Boca Raton, FL 33431

2.1 TITLE DPT
2.2 NAME GOLDMAN, LAWRENCE M.
2.3 STREET ADDRESS 500 N.E. Spanish River Blvd, Suite 207
2.4 CITY-ST-ZIP Boca Raton, FL 33431

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-18-97 Daytime Phone #