

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

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000032586 (7)
 1. Corporation Name
CAPITAL FACTORS HOLDING, INC.



Principal Place of Business 1799 W. OAKLAND PARK BLVD. C/O MICHAEL G. LEVINE FT. LAUDERDALE FL 33311	Mailing Address 1799 W. OAKLAND PARK BLVD. C/O MICHAEL G. LEVINE FT. LAUDERDALE FL 33311
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/29/1994	
21 120 E Palmetto Park Rd	26 120 E. Palmetto Park Rd	4. FEI Number 58-1565319		Applied For Not Applicable	
22 5th Floor	27 5th Floor	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Boca Raton FL	28 Boca Raton FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33432	25 USA	29 33432	30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LEVINE, MICHAEL G 1799 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311				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 607.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSHRY, HAROLD	1.2 NAME	
STREET ADDRESS	1799 W. OAKLAND PK. BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, RONALD	2.2 NAME	
STREET ADDRESS	4523 SW 64TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDERMOTT,	3.2 NAME	
STREET ADDRESS	1799 W. OAKLAND PARK BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISTANOWSKY, JACK	4.2 NAME	
STREET ADDRESS	3 LIMITED PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAHANNA OH	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EINSRUCH, NORMA	5.2 NAME	
STREET ADDRESS	1251 MEMORIAL DR., STE 268	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, CYNTHIA	6.2 NAME	
STREET ADDRESS	1001 S. BAYSHORE DRIVE, STE 1806	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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.

SIGNATURE: *[Signature]* Date: **2/20/98** (561) 368-5011

CR2E034 (10/97)

OFFICERS AND DIRECTORS-Continued

D

RAIFFE, BRUCE
1 RUNYONS LANE
P O BOX H
EDISON NJ 08817

D

JAVIER HOLTZ
1221 BRICKELL AVE 12TH FLOOR
MIAMI FL 33131

D

DANIEL HOLTZ
1221 BRICKELL AVE 12TH FLOOR
MIAMI FL 33131

P

JOHN KIEFER
120 E PALMETTO PARK RD 5TH FLOOR
BOCA RATON FL 33432

D

STEPHEN ASHMAN
CAPITAL BANK NA
1 CHURCH STREET
ROCKVILLE, MD 20850