

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

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F97000006686 (6)

1. Corporation Name

CAPREIT OF MAYPORT, INC.

Principal Place of Business

Mailing Address

11200 ROCKVILLE PIKE  
ROCKVILLE MD 20852

11200 ROCKVILLE PIKE  
ROCKVILLE MD 20852



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/17/1997	
22 City & State		27 City & State		4. FEI Number 52-2072842	
23 Zip		28 Zip		APPLIED FOR	
24 Country		30 Country		5. Certificate of Status Desired <input checked="" 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 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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable)	1201 Hays Street
83	
84 City	Tallahassee
85 Zip Code	FL 32301

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

Sheila R. Hawkins, Sheila R. Hawkins, Asst. Secy

4-27-98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	11 TITLE	
NAME	KADISH, RICHARD L	12 NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	13 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20852	14 CITY-ST-ZIP	
TITLE	VCFO	21 TITLE	
NAME	ESPOSITO, BRUCE A	22 NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	23 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20852	24 CITY-ST-ZIP	
TITLE	VS	31 TITLE	
NAME	GOLDSHINE, JEFFREY A	32 NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	33 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20852	34 CITY-ST-ZIP	
TITLE	VS	41 TITLE	
NAME	HEYMANN, ERNEST L	42 NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	43 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20852	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	
NAME	BAND, RICK J	52 NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	53 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20852	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	
NAME	BECKER, SANDRA L	62 NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	63 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20852	64 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]

CR2E034 (10/97)