

CAPITAL CONNECTION

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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **m44975**
1. Corporation Name
CAPITAL NATIONAL FINANCIAL CORPORATION

Principal Place of Business Mailing Address **SAME**
500 N.E. SPANISH RIVER BLVD.
SUITE 207
Boca RATON, FL 33431

FILED
98 JUN -4 PM 1:11
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		2a		11/16/1987		59-2766111		Not Applicable	
22 Suite, Apt. #, etc.		2a Suite, Apt. #, etc.		5. Certificate of Status Desired		6. Election Campaign Financing		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
23 City & State		2a City & State		7. Yes ☒ No ☐		8. Yes ☒ No ☐		8. Yes ☒ No ☐	
24 Zip		2a Zip		25 Country		2a Country		25 Country	
24		2a		25		2a		25	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
Goldman, Alina M. 500 N.E. SPANISH RIVER BLVD. #207 BOCA RATON, FL 33431					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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent Signature required when retiring)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE				1.1 TITLE			
NAME				1.2 NAME			
STREET ADDRESS				1.3 STREET ADDRESS			
CITY - ST - ZIP				1.4 CITY - ST - ZIP			
2. TITLE				2.1 TITLE			
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY - ST - ZIP				2.4 CITY - ST - ZIP			
3. TITLE				3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
4. TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
5. TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
6. TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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)(b), 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:

Alina M. Goldman
Alina M. Goldman
SECRETARY AND TREASURER OF THE CORPORATION OR DIRECTOR

6/3/98 505-416-8866
Daytime Phone #