

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **853223** (6)
1. Corporation Name
CAPITAL REAL ESTATE DEVELOPMENT CORPORATION



Principal Place of Business
**1201 N. MARKET STREET
P.O. BOX 1347
WILMINGTON DE 19899**

Mailing Address
**1201 N. MARKET STREET
P.O. BOX 1347
WILMINGTON DE 19899**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/22/1982	3a. Date of Last Report 05/01/1995
21		26		4. FEI Number 61-1014814	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, REX	1.2 NAME	
STREET ADDRESS	1201 N MARKET ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	1.4 CITY-ST-ZIP	
TITLE	VTD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES, F T	2.2 NAME	VD
STREET ADDRESS	1201 N MARKET ST.	2.3 STREET ADDRESS	Peloff, Becky
CITY-ST-ZIP	WILMINGTON DE	2.4 CITY-ST-ZIP	1201 N Market St.
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Wilmington DE 19801
NAME	HORST, DENNIS A.	3.2 NAME	V
STREET ADDRESS	1201 N MARKET ST	3.3 STREET ADDRESS	Nellis, Wayne
CITY-ST-ZIP	WILMINGTON DE	3.4 CITY-ST-ZIP	1201 N Market St
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	Wilmington DE 19801
NAME	HAMILTON, DAVID L.	4.2 NAME	TD
STREET ADDRESS	1201 N MARKET ST	4.3 STREET ADDRESS	Young, Jean
CITY-ST-ZIP	WILMINGTON DE	4.4 CITY-ST-ZIP	1201 N Market St.
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	Wilmington DE 19801
NAME	JOHNSTON JOHN F.	5.2 NAME	
STREET ADDRESS	1201 N MARKET ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	JOHNSTON ANDREW M.	6.2 NAME	
STREET ADDRESS	1201 N MARKET ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst Secretary

Date

4/30/96

Daytime Phone #

CR2E034 (12/95)