

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

FILED  
May 15 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 # 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/22/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		61-1014814	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29		30	

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	1.1 TITLE	PD
NAME	DUNN, REX	1.2 NAME	Alan F. Fletcher
STREET ADDRESS	1201 N MARKET ST	1.3 STREET ADDRESS	1201 N. Market Street
CITY-ST-ZIP	WILMINGTON DE	1.4 CITY-ST-ZIP	Wilmington, DE 19801
TITLE	VD	2.1 TITLE	
NAME	PELOFF, BECKY	2.2 NAME	
STREET ADDRESS	1201 N MARKET ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19801	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	SD
NAME	NELIS, WAYNE	3.2 NAME	David Ley Hamilton
STREET ADDRESS	1201 N MARKET ST	3.3 STREET ADDRESS	1201 N. Market Street
CITY-ST-ZIP	WILMINGTON DE 19801	3.4 CITY-ST-ZIP	Wilmington, DE 19801
TITLE	DT	4.1 TITLE	
NAME	LAWSON, STEPHEN D	4.2 NAME	
STREET ADDRESS	1201 N MARKET STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19801	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
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	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 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

CR2E034 (10/97)