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

FILED
Feb 29 1996 8:00 am
Secretary of State

DOCUMENT # **F03624** **(6)**

1. Corporation Name
CAPITAL REALTY ASSOCIATES,INC.

Principal Place of Business
ROUTE 7 BOX 815-A
TALLAASSEE FL 32308
US

Mailing Address
PO. BOX 12247
TALLAHASSEE FL 32317
US

3. Date Incorporated or Qualified: 10/29/1980
3a. Date of Last Report: 02/08/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2039681 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MIERS, MILEY
P O BOX 12247
2636 MITCHAM DR
TALLAHASSEE FL 32317

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 607.0505, 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 — Registered Agent Signature — Date

12. OFFICERS AND DIRECTORS

TITLE	PVD	☐ DELETE
NAME	MIERS, MILEY P.O. BOX 12247	
STREET ADDRESS	2636 MITCHAM DR	
CITY, ST, ZIP	TALLAHASSEE FL	
TITLE	STD	☑ DELETE
NAME	MIERS, PATRICIA	
STREET ADDRESS	2636 MITCHAM DR	
CITY, ST, ZIP	TALLAHASSEE FL	
TITLE	D	☑ DELETE
NAME	MIERS, MELANIE	
STREET ADDRESS	2636 MITCHAM DR	
CITY, ST, ZIP	TALLAHASSEE, FL 00000	
TITLE	D	☑ DELETE
NAME	MIERS, MICHAEL	
STREET ADDRESS	2636 MITCHAM DR	
CITY, ST, ZIP	TALLAHASSEE, FL 00000	
TITLE	D	☑ DELETE
NAME	MIERS, MICHELLE	
STREET ADDRESS	2636 MITCHAM DR	
CITY, ST, ZIP	TALLAHASSEE, FL 00000	
TITLE	D	☑ DELETE
NAME	MIERS, MILEY, III	
STREET ADDRESS	2636 MITCHAM DR	
CITY, ST, ZIP	TALLAHASSEE, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

CR2E034 (12/95)

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: Miley Miers — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 1/17/96 — Daytime Phone: 877-5925