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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F52347

(4)

FILED Apr 30 1997 8:00am Secretary of State

1. Corporate	on Name		•							
CAPITA	AL INVESTORS PROPERT	ry co.	, INC.				}			
Principal Plac	ce of Business	Mail	ling Address							
'	BOX 706		o IRWIN LEV	VENE			ľ			
	VOOD, FL 33022	-	11 LINCOLN		TE	322	<u> </u>			
US	•		AMI BEACH,				3. Date Incorporated or Qualified	la Do	to all soll	Donord
		US	-				11/03/1981		te of Last F 5/01/1	, ,
2 Proposet l	Prace of Business		Mailing Address			<u>.</u>	4. FEI Number	<u> </u>		oplied For
21	inter or Ottome so		P. O. BOX	706			59-2145518			lot Applicable
Suite Apt	#. O10:		Suite Apt. #, etc							Additional
22		27					5. Certificate of Status Desired			Required
City & Sta	ic.		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28	HOLLYWOOD,				Trust Fund Contribution			to Fees
Zio	Country		Zip	 -	untry	1	8. This corporation has liability for			s. 199.032.
24	25		33022	30	<u>us</u>			Yes [
	9. Name and Address of Curren	nt Hegiste	red Agent		81	Name	10. Name and Address of New Re	gistered /	gent	
IRWIN	H. LEVINE					KAR	EN WEXLER			
1111 L	INCOLN RD				82	Street Addre	ss (P.O. Box Number is Not Acceptate 9 SHERIDAN STREET	le)		
SUITE	322				83		· · · · · · · · · · · · · · · · · · ·			
MIAMI	BEACH, FL 33139						SUITE 289			
					84	City HOT.	LYWOOD	FL		Code 1021
11. Pursuant	to the provisions of Sections 607.050	02 and 607	7.1508. Florida Statu	tes, the a	LI	-named corpo	ration submits this statement for the c	urpose of	changing	its registered
office or	registered agent, or both, in the State	e of Florida	Such change was	authorize	d by	the corporation	on's board of directors. I hereby accep	ot the app	pintment as	s registered
	ani tarnidar with, and accept the oblig	JANOIIS U	,							
SIGNATURE	S. y. v. by ed or printed name of registered as	ent and tyle ii	applicatio. (NO	TE Registere	ed Age	nt signature required	LER PRESIDENT by when reinstating!	DATE	28/199	7
12.	OFFICERS AN	ID DIRI CT		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
1 111	P		DELETE	1.1 70	ITLE				L Change	Addition
NAME:	IRWIN H. LEVINE			1.2 N	IAME					
STREET ADDRESS							11 LINCOLN RD, STE	322		
CHY \$1 - 700	MIAMI BEACH, FL 33	139	DELETE		ITY-S	T- 21P				
T(1,F	VPS			211					T (*****	
MAVE	KAREN WEXLER				ITLE	ļ			Change	Addition
STREET ADDRESS	1 D A DAV 7A4 N/A			2.2 N	IAME			· · · · · · · · · · · · · · · · · · ·	Change	L_] Addition
				2.2 N 23 S	IAME Treet	ADDRESS		***************************************	Change	L_] Addition
1 17 St-209	HOLLYWOOD, FL 3302	2	DELETE	2.2 N 23 S 2 4 C	IAME TREET CITY - S	ADDRESS ST-ZIP				
Title		.2	DELETE	2.2 N 23 S 2 4 C 31 Ti	IAME TREET CITY - S TILE				Change Change	
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4. Total retroit only the information supplies with this saily obesitor quality of the examplion state in retroit of the same legal effect as if made under oath; that he had accurate and that my signature shall have the same legal effect as if made under oath; that had an accurate and that my signature shall have the same legal effect as if made under oath; that had accurate and that my signature shall have the same legal effect as if made under oath; that had accurate and that my signature shall have the same legal effect as if made under oath; that had accurate and that my signature shall have the same legal effect as if made under oath; that had accurate and that my signature shall have the same legal effect as if made under oath; that had accurate and that my signature shall have the same legal effect as if made under oath; that had accurate and that my signature shall have the same legal effect as if made under oath; that had accurate and that my signature shall have the same legal effect as if made under oath; that had accurate and that my signature shall have the same legal effect as if made under oath; that had accurate and that my signature shall have the same legal effect as if made under oath; that had accurate and that my signature shall have the same legal effect as if made under oath; that had accurate and that my signature shall have the same legal effect as if made under oath; that had accurate and that my signature shall have the same legal effect as if made under oath; that had accurate and that my signature shall have the same legal effect as if made under oath; that had accurate and that my signature shall have the same legal effect as if my signature shall have the same legal effect as if my signature shall have the same legal effect as if my signature shall have the same legal effect as if my signature shall have the same legal effect as if my signature shall have the same legal effect as if my signature shall have the same legal effect as if my signature shall have the same legal effect a

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WEXLER, PRESIDENT 4/28/97 (954) 432-4765