

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

1 of 2

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # F93000003453**  
 1. Corporation Name

**CAPITA CORPORATION**

Principal Place of Business: **375 HUDSON STREET NEWYORK NEWYORK 10014**  
 Mailing Address: **375 HUDSON STREET NEWYORK NEWYORK 10014**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 7/28/1993	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number APPLIED FOR	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
81	Name	The Prentice-Hall Corporation System					
82	Street Address (P.O. Box Number is Not Acceptable)	1201 HAYES STREET					
83	Suite	SUITE 105					
84	City	TALLAHASSEE	FL	85	Zip Code	32301	

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 607.0509, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Print Name of Registered Agent) \_\_\_\_\_ (Print Name of Registered Agent)  
 DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEE ATTACHED RIDER	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

100001808291  
 -05/06/96--01016--014  
 \*\*\*200.00

SEE ATTACHED RIDER

5/1/96  
 ONE

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: ANITA CAMPANA** *Anita Campana* **4-22-96** **212-463-4674**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (12/95)

#F93000003453

2 of 2

**OFFICERS**

**PRESIDENT**

**JOHN H. PELLETIER**

**VICE PRESIDENT  
& SECRETARY**

**LORELEI ACKERMAN**

**VICE PRESIDENT  
& TREASURER**

**ANITA CAMPANA**

**ASST. VICE PRES.  
& ASST. SECRETARY**

**JUDY VAN NAME**

**ASST. VICE PRES.  
& ASST. TREASURER**

**MARIA DOSCHER**

**ALL TO:**

**375 HUDSON STREET  
NEW YORK, NEW YORK  
10014**

**DIRECTORS**

**JOHN H. PELLETIER**

**LORELEI ACKERMAN**

**ANITA CAMPANA**

**REV. 1/5/96**