

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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000003453 (8)
 1. Corporation Name
CAPITA CORPORATION



Principal Place of Business 1013 CENTRE ROAD SUITE 350 WILMINGTON DE 19805 US	Mailing Address 1013 CENTRE ROAD SUITE 350 WILMINGTON DE 19805 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/28/1993
21. Suite, Apt #, etc	26. Suite, Apt #, etc.	4. FEI Number 13-3728194
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
 1201 HAYES ST.
 STE. 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ DATE _____
Signature typed or printed name of registered agent or state if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	POPEO, WILLIAM G	
STREET ADDRESS	206 SOUTH RD.	
CITY-ST-ZIP	WILMINGTON DE 19809	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	DESCANO, NANCY E	
STREET ADDRESS	11 BECKET COURT	
CITY-ST-ZIP	HOCKESSIN DE 19707	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTLER, DANIEL R	
STREET ADDRESS	216 HIGHLAND AVE.	
CITY-ST-ZIP	WALLINGFORD PA 19086	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WINN, BRUCE	
STREET ADDRESS	25 GATES CIRCLE	
CITY-ST-ZIP	HOCKESSIN DE 19707	
TITLE	Lisa G. Mulligan	<input type="checkbox"/> DELETE
NAME		VP
STREET ADDRESS	1013 Centre Rd, # 350	Sec
CITY-ST-ZIP	Wilmington, DE 19805	
TITLE	Mary T. Flowers	<input type="checkbox"/> DELETE
NAME		VP
STREET ADDRESS	1013 Centre Rd # 350	Asst. Sec
CITY-ST-ZIP	Wilmington, DE 19805	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Sandra B. Mortham* MARY T. FLOWERS 3/6/98

CR2E034 (10/97)