FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 PM 6:54

DO NOT WRITE IN THIS SPACE

DOCUMENT # F94000000072 (8)

1. Corporation Name

CAPACITY INC.

Principal Place of Business	Mailing Address
P.O. BOX 421 THREE BRIDGES NJ 08887	P.O. BOX 421 THREE BRIDGES NJ 08887

3. Date Incorporated or Qualified: 01/05/1994
3a. Date of Last Report:

2. Principal Place of Business
21 28 Village Sq.
Suite, Apt. #, etc.
22
City & State
23 New Hope PA
Zip
24 18938
Country
25 Bucks

2a. Mailing Address
26 28 Village Sq.
Suite, Apt. #, etc.
27
City & State
28 New Hope PA
Zip
29 18938
Country
30 Bucks

4. FEI Number: 13-3602376 ☐ 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

ERGUN, NECDET
2737 PETERS RD.
FT. PIERCE FL 34945

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] 02/03/95
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	PS	1 1 TITLE	PS	☒ Change ☐ Addition
NAME	AVIGDOR, NESIM	1 2 NAME	AVIGDOR, NESIM	
STREET ADDRESS	4 EMPIRE BLVD.	1 3 STREET ADDRESS	1407 Broadway Suite 1710	
CITY ST ZIP	MOONACHIE NJ 07074	1 4 CITY ST ZIP	New York, NY. 10018	
TITLE	V	2 1 TITLE	D	☒ Change ☐ Addition
NAME	PRINCE, OMER	2 2 NAME	PRINCE OMER	
STREET ADDRESS	P.O. BOX 421 N/A	2 3 STREET ADDRESS	28 Village Sq.	
CITY ST ZIP	THREE BRIDGES NJ 08887	2 4 CITY ST ZIP	New Hope PA 18938	
TITLE		3 1 TITLE		☐ Change ☐ Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY ST ZIP		3 4 CITY ST ZIP		
TITLE		4 1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY ST ZIP		4 4 CITY ST ZIP		
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY ST ZIP		5 4 CITY ST ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY ST ZIP		6 4 CITY ST ZIP		

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 215-862-1982 Daytime Phone #