

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON DR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # F94000000072 (8)
1. Corporation Name
CAPACITY INC.

Principal Place of Business
28 VILLAGE SQUARE
NEW HOPE PA 18938
US

Mailing Address
28 VILLAGE SQUARE
NEW HOPE PA 18938
US

2. Principal Place of Business
21 ONE CAROL PLACE
Suite, Apt. #, etc.
22
City & State
23 MOONACHIE, NJ
Zip
24 07074
Country
25

2a. Mailing Address
26 ONE CAROL PLACE
Suite, Apt. #, etc.
27
City & State
28 MOONACHIE, NJ
Zip
29 07074
Country
30

9. Name and Address of Current Registered Agent
ERGUN, NECDET
ST AUGUSTINE OUTLET MALL
2700 STATE RD., 16 STR #908
ST AUGUSTINE FL 32092

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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: *Necdet Egun*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 10/5/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	1.1 TITLE
NAME	AVIGDOR, NESIM	1.2 NAME	1.2 NAME
STREET ADDRESS	1407 BROADWAY STE 1710	1.3 STREET ADDRESS	1.3 STREET ADDRESS
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP
TITLE	D	2.1 TITLE	2.1 TITLE
NAME	PRINCE, OMER	2.2 NAME	2.2 NAME
STREET ADDRESS	28 VILLAGE SQUARE	2.3 STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	NEW HOPE PA	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE		3.1 TITLE	3.1 TITLE
NAME		3.2 NAME	3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE	4.1 TITLE
NAME		4.2 NAME	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE	5.1 TITLE
NAME		5.2 NAME	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE		6.1 TITLE	6.1 TITLE
NAME		6.2 NAME	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP

14. I do 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: *K Mustafa Akin* Mustafa Akin
DATE: 10/5/97 201-2291339

CR2E034 (4/97)