

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	
DOCUMENT # F94000005002			
1. Corporation Name CAPSTONE CAPITAL OF BONITA BAY, INC.			
Principal Place of Business		Mailing Address	
1000 URBAN CENTER PKWY BIRMINGHAM, AL 35242		1000 URBAN CENTER PKWY BIRMINGHAM, AL 35242	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 SUITE 630		27 SUITE 630	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30
DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified		3a. Date of Last Report	
09/13/94		05/95	
4. FEI Number		Applied For	
63-1127900		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Election Campaign Financing		\$5.00 May Be Added to Fees	
Trust Fund Contribution			
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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: _____			
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			
11 TITLE		12 NAME	
12 NAME		13 STREET ADDRESS	
13 STREET ADDRESS		14 CITY - ST - ZIP	
14 CITY - ST - ZIP		21 TITLE	
21 TITLE		22 NAME	
22 NAME		23 STREET ADDRESS	
23 STREET ADDRESS		24 CITY - ST - ZIP	
24 CITY - ST - ZIP		31 TITLE	
31 TITLE		32 NAME	
32 NAME		33 STREET ADDRESS	
33 STREET ADDRESS		34 CITY - ST - ZIP	
34 CITY - ST - ZIP		41 TITLE	
41 TITLE		42 NAME	
42 NAME		43 STREET ADDRESS	
43 STREET ADDRESS		44 CITY - ST - ZIP	
44 CITY - ST - ZIP		51 TITLE	
51 TITLE		52 NAME	
52 NAME		53 STREET ADDRESS	
53 STREET ADDRESS		54 CITY - ST - ZIP	
54 CITY - ST - ZIP		61 TITLE	
61 TITLE		62 NAME	
62 NAME		63 STREET ADDRESS	
63 STREET ADDRESS		64 CITY - ST - ZIP	
64 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: Andrew L. Kizer 4/29/96 (205) 927-2092			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			