PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000006574

CAPITAL ASSOCIATES OF NEW YO	DRK, INC.									
Principal Place of Business	Place of Business Mailing Address					L INDIINE LIIN IDIII INDII NAUL ON	IET da en oo ne b	HOUSE EXHAU BIND	(8 5 (1 8)6) (8 8)	
O NIXON, HARGRAVE, DEVANS & DOYLE LLP O BOX 1051 - CLINTON SQUARE OCHESTER NY 14603 C/O NIXON, HARGRAVE, DEVANS & DOYLE LLP PO BOX 1051 - CLINTON SQUARE ROCHESTER NY 14603			LP	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/11/1997						
2. Principal Place of Business	2a. Mailing Address					El Number			plied For	
21	26			}		16-1539737		h	t Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			-		Certificate of Status Desired		\$8.75 / Fee Re	Additional	
City & State				<i>\$</i>		Election Campaign Financing rust Fund Contribution		\$5.00 Added t		
Zip Country 24 25	Zip Country 29 30					This corporation owes the curred ersonal Property Tax.	ent year Inta	angible □Yes	□No	
9. Name and Address of Currer	nt Registered Agent				10. N	Name and Address of New F	legistered /	Agent		
CORPAMERICA, INC. 1525 S. ANDREWS AVE., #216 FT. LAUDERDALE FL 33316 11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent at am familiar with, and accept the obliga	2 and 607.1508, Florida Statutes of Florida. Such change was aut	the obe	3 4 City	ad corner	otion s	D. Box Number is Not Acceptate Submits this statement for the rd of directors. I hereby acceptance	FL	85 Zip (changing its	ranistared	
SIGNATURE							DATE			
			gistered Agent signature required			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12. OFFICERS AN			13.		AL	DITIONS/CHANGES TO OF	IOEKS AN	☐ Change	Addition	
NAME GILL, DANIEL E STREET ADDRESS STORESTED ANY 14610		1.2 NAME	E ET ADDRES	SS				_ ,	_	
TITLE NUCLES IER N1 14610	DELETE							Change	Addition	
NAME		2.1 TITLE 2.2 NAME		}					}	
STREET ADDRESS		2.3 STRE	ET ADDRES	ss						
CITY-ST-ZIP	DELETE	2. 4 CITY		+				[] Change	Addition	
TITLE	- Decete		3.1 TITLE			-		- Culaning	C regulari	
NAME		3.2 NAME								
STREET ADDRESS		B.	ET ADDRES	~		•				
CITY-ST-ZIP TITLE	DELETE	3.4. CITY 4.1 TITLE						Change	Addition	
NAME	F1 266512	4. 2 NAM		1						
STREET ADDRESS			ET ADDRES						ľ	
CITY-ST-ZIP	,	4.3 STRE		~						

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, with all the information 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, with all the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute the section 119.07(3)(ii), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute the section 119.07(3)(iii) in Section 119.07(3

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FDaniel E. Gill

☐ DELETE

DELETE

☐ Change

Change

☐ Addition

Addition

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Apr 13, 1999 8:00 am Secretary of State

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