

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

FILED

**Apr 30 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 # F97000006686 (6)
1. Corporation Name
CAPREIT OF MAYPORT, INC.



Principal Place of Business 11200 ROCKVILLE PIKE ROCKVILLE MD 20852	Mailing Address 11200 ROCKVILLE PIKE ROCKVILLE MD 20852
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 12/17/1997	
4. FEI Number 52-2072842 APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name <i>Corporation Service Company</i>
82 Street Address (P.O. Box Number is Not Acceptable) <i>1201 Hays Street</i>
83
84 City <i>Tallahassee</i>
85 Zip Code <i>FL 32301</i>

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 *Sheila R. Hawkins, Sheila R. Hawkins, Asst. Secy* **4-27-98**
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	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KADISH, RICHARD L	1.2 NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20852	1.4 CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPOSITO, BRUCE A	2.2 NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20852	2.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSHINE, JEFFREY A	3.2 NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20852	3.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYMANN, ERNEST L	4.2 NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20852	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAND, RICK J	5.2 NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20852	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, SANDRA L	6.2 NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20852	6.4 CITY-ST-ZIP	

800002506188 Change Addition
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*****158.75**

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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 in an attachment with an address.

CR2E034 (10/97)