

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 05, 1999 8:00 am**  
**Secretary of State**

04-05-1999 90025 043 \*\*\*150.00

**DOCUMENT # F97000006686**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1997

4. FEI Number

52-2072842

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 11200 Rockville Pike

26 11200 Rockville Pike

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 100

27 Suite 100

City & State

City & State

23 Rockville, MD

28 Rockville, MD

Zip

24 20852

Country

25 U.S.

Zip

29 20852

Country

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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, 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 ☐ DELETE  
NAME KADISH, RICHARD L  
STREET ADDRESS 11200 ROCKVILLE PIKE  
CITY-ST-ZIP ROCKVILLE MD 20852

1.1 TITLE Director of Financial Reporting & Analysis / ☐ Change ☒ Addition  
1.2 NAME Shapiro, Robert A.  
1.3 STREET ADDRESS 11200 Rockville Pike  
1.4 CITY-ST-ZIP Rockville, MD 20852

TITLE VCFO ☐ DELETE  
NAME ESPOSITO, BRUCE A  
STREET ADDRESS 11200 ROCKVILLE PIKE  
CITY-ST-ZIP ROCKVILLE MD 20852

2.1 TITLE VCFOT ☒ Change ☐ Addition  
2.2 NAME Esposito, Bruce A  
2.3 STREET ADDRESS 11200 Rockville Pike  
2.4 CITY-ST-ZIP Rockville, MD 20852

TITLE VS ☐ DELETE  
NAME GOLDSHINE, JEFFREY A  
STREET ADDRESS 11200 ROCKVILLE PIKE  
CITY-ST-ZIP ROCKVILLE MD 20852

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VS ☐ DELETE  
NAME HEYMANN, ERNEST L  
STREET ADDRESS 11200 ROCKVILLE PIKE  
CITY-ST-ZIP ROCKVILLE MD 20852

4.1 TITLE V ☒ Change ☐ Addition  
4.2 NAME Heymann, Ernest L  
4.3 STREET ADDRESS 11200 Rockville Pike  
4.4 CITY-ST-ZIP Rockville, MD 20852

TITLE V ☐ DELETE  
NAME BAND, RICK J  
STREET ADDRESS 11200 ROCKVILLE PIKE  
CITY-ST-ZIP ROCKVILLE MD 20852

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME BECKER, SANDRA L  
STREET ADDRESS 11200 ROCKVILLE PIKE  
CITY-ST-ZIP ROCKVILLE MD 20852

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 other like empowered.

SIGNATURE:

**Robert A. Shapiro**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 9, 1999

Date

(301) 231-8700

Daytime Phone #

CR2E034 (1/98)