

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

DOCUMENT # F98000006940

1. Corporation Name

CAPITAL ASSET RESEARCH FUNDING 1998-A INC.

Principal Place of Business

3950 RCA BLVD. SUITE 5001
PALM BEACH GARDENS FL 33410

Mailing Address

3950 RCA BLVD. SUITE 5001
PALM BEACH GARDENS FL 33410

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90056 024 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1998

4. FEI Number

65-0881580

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

10. Name and Address of New Registered Agent

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

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	TILLEY, CHRISTOPHER	
STREET ADDRESS	113 KING STREET	
CITY-ST-ZIP	ARMONK NY 10504	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HAMILTON, GEORGE R	
STREET ADDRESS	3950 RCA BLVD. SUITE 5001	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GORANSSON, BARBARA G	
STREET ADDRESS	3950 RCA BLVD. SUITE 5001	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TREADWELL, KENNETH A	
STREET ADDRESS	3950 RCA BLVD. SUITE 5001	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GREETHAM, DONALD E	
STREET ADDRESS	3950 RCA BLVD. SUITE 5001	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BILOTTA, FRANK B	
STREET ADDRESS	TWO WALL STREET	
CITY-ST-ZIP	NEW YORK NY 10005	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kenneth Treadwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

4/23/99 Date

561-776-5000

Daytime Phone #

CR2E034 (11/98)