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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G91980** **(4)**

1. Corporation Name
CAPITAL FACTORS, INC.

Principal Place of Business	Mailing Address
1799 WEST OAKLAND PARK BOULEVARD FT. LAUDERDALE FL 33311	1799 WEST OAKLAND PARK BOULEVARD FT. LAUDERDALE FL 33311-1537

3. Date Incorporated or Qualified: **03/20/1984**
3a. Date of Last Report: **05/01/1996**

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

4. FEI Number: **58-1565319** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEVINE, MICHAEL
1799 WEST OAKLAND PARK BOULEVARD
FORT LAUDERDALE FL 33311

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTS ASHMAN, STEPHEN N. 815 CONNECTICUT AVE, NW WASHINGTON DC	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Bruce Raiffe GUND@Runyons Lane Edison, NJ 08817	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KIEFER, JOHN W. 1799 W OAKLAND PK BLVD FT LAUDERDALE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Jack Listanowsky 3 Limited Parkway Gahanna, OH 43230	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HOLTZ, JAVIER J 1221 BRICKELL AVE. MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Norman Einspruch 1251 Memorial Dr., Ste. 268 Coral Gables, FL 33146	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLTZ, DANIEL M. 1221 BRICKELL AVE MIAMI FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Cynthia Cohen 1001 South Bayshore Drive, Ste. 1806 Miami, FL 33131	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OSHRY, HAROLD 1799 OAKLAND PARK BOULEVARD OAKLAND PARK FL 33311	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SVP&CFO Dennis McDermott 1799 W OAKLAND PK BLVD OAKLAND PARK FL 33311	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHASE, RONALD 4523 SW 64 AVE MIAMI FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Bk Dep $ 165.00	☐ Change ☐ Addition

RW 4-8-97

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Dennis C McDermott CHIEF FINANCIAL O
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0270238