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Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1984

2. Principal Place of Business	2a. Mailing Address
21 120E Palmetto Park Rd.	26 120E Palmetto Park Rd.
Suite, Apt. #, etc. 22 5th Floor	Suite, Apt. #, etc. 27 5th Floor
City & State 23 Boca Raton FL	City & State 28 Boca Raton FL
Zip 24 33432 Country 25 USA	Zip 29 33432 Country 30 USA

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

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEVINE, MICHAEL 1799 WEST OAKLAND PARK BOULEVARD FORT LAUDERDALE FL 33311	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	DTS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ASHMAN, STEPHEN N.		1.2 NAME		
STREET ADDRESS	815 CONNECTICUT AVE, NW		1.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KIEFER, JOHN W.		2.2 NAME		
STREET ADDRESS	1799 W OAKLAND PK BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOLTZ, JAVIER J		3.2 NAME		
STREET ADDRESS	1221 BRICKELL AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOLTZ, DANIEL M.		4.2 NAME		
STREET ADDRESS	1221 BRICKELL AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	OSHRY, HAROLD		5.2 NAME		
STREET ADDRESS	1799 OAKLAND PARK BOULEVARD		5.3 STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK FL 33311		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CHASE, RONALD		6.2 NAME		
STREET ADDRESS	4523 SW 64 AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: John W. Kiefer 2/20/98 (561) 368-5011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0281482

OFFICERS AND DIRECTORS-Continued

D
RAIFFE, BRUCE
1 RUNYONS LANE
P O BOX H
EDISON NJ 08817

D
COHEN, CYNTHIA
MARKETPLACE 2000
1001 S BAYSHORE DR STE 1806
MIAMI FL 33131

D
NORMAN EINSPRUCH
UNIVERSITY OF MIAMI
P O BOX 248294
MIAMI FL 33124-0623

D
LISTANOWSKY, JACK
3 LIMITED PARKWAY
GAHANNA OH 43230