Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G91980

1. Corporation Name

Principal Place of Business

CAPITAL FACTORS, INC.

120 E PALMETTO PRK RD						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed						
						03/	20/1984					
2. Principal Pt	ace of Business	2a. Mailing Address	_			4. FEI	Number			App	lied For	
21	•	26				58-	1565319				Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_			5. Cert	ifcate of Status Desired	□ .			dditional juired =	
City & State	· · · · · · · · · · · · · · · · · · ·	City & State				6 Flec	tion Campaign Financi	ng	\$5	.00 N		
23		28					t Fund Contribution	"9 []	•	ided to	•	
Zip	Country	Zip Co					8. This corporation owes the current year int				_	
24	25 29 30			-			Personal Property Tax.				□]No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
		<u> </u>	8	1	Name							
LEVINE, MICHAEL				82 Street Address (P.O. Box Number is Not Acceptable								
1799 WEST OAKLAND PARK BOULEVARD				2	Street A	Address (P.O. B	SOX Number IS NOT Acc	eptable)		٠		
FORT LAUDERDALE FL 33311												
			L			_						
•	· · · · · · · · · · · · · · · · · · ·		8	4	City			Fl	85	Zip C	ode .	
office or re agent. I as	to the provisions of Sections 607.0502 ogistered agent, or both, in the State of in familiar with, and accept the obligation Signature, typed or printed name of registered agent of Signature, typed or printed name of registered agent or Signature.	ns of, Section 607.0505, Flo	rida Statute	yu S.		corporation sub ration's board of		cept the appo	intment	as reg	egistered istered	
12.	OFFICERS AND		13.		-		TIONS/CHANGES TO	OFFICERS A	ND DIR	ECTO	RS IN 12	
TITLE	DTS	DELETE	1.1 TITLE			T			Ch	ange	Addition	
NAME	ASHMAN, STEPHEN N.		1.2 NAME			mcDer	rmott, De	2nnis	A			
STREET ADDRESS	815 CONNECTICUT AVE, NW			1.3 STREET ADDRESS 12			Palmetto	Paric	Ra	/		
CITY-ST-ZIP	WASHINGTON DC		1.4 CITY-	1.4 CITY+ST+ZIP			Raton	FL 3	3%	32	~ <i>a</i>	
TITLE	DP DELETE		_	2.1 TITLE					Ch	ange	■ #adition	
NAME	KIEFER, JOHN W.		2.2 NAME		i	Levine	_ Michael	2/ _	ر بن	01		
STREET ADDRESS	1799 W OAKLAND PK BLVD		2.3 STRE	ET/	ADDRESS	120 E	Palmett	D Por	5 K	d		
C/TY-ST-ZIP	FT LAUDERDALE FL		2. 4 CITY	ST	-ZiP	BOCA	Roton Fl	33	43	سد	<i>.</i>	
TITLE	CD	X DELETE	3.1 TITLE		_	7			Ch	ange	Addition	
NAME	HOLTZ, JAVIER J	•	3.2 NAME			MOORE	, JACKSON GOODLEH	?		Pu	104	
STREET ADDRESS	1221 BRICKELL AVE.		3.3 STRE	ET/	ADDRESS	7130	GoodLett	- tarn	25	1 1	~ 7	
CITY-ST-ZIP	MIAMI FL		3.4. CITY			Cord	OVA TIN	380	18			
TITLE	0	X DELETE	4.1 TITLE	_		EVP			Ch	ange	Addition	

33432 BOCA Raton MIAM! FL 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 comporation 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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

HOLTZ, DANIEL M.

OSHRY, HAROLD

CHASE, RONALD

4523 SW 64 AVE

1799 OAKLAND PARK BOULEVARD

OAKLAND PARK FL 33311

MIAMI FL

1221 BRICKELL AVE

DELETE

DELETE

Donohue Stephen J.

JAMES

90017

1633 Broadway

700 S. FlOWER ST

, John W Palme HD

Angeles

New York

morrison

Kieter

120 E

Addition

Addition

CR2E034 (11/98)

Apr 23, 1999 8:00 am

Secretary of State

04-23-1999 90004 044 ***150.00