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Feb 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H93983 (5)

1. Corporation Name  
CAPITAL INSURANCE FACILITIES, INC.



Principal Place of Business  
2894 B REMINGTON GREEN LN.  
TALLAHASSEE FL 32317  
US

Mailing Address  
PO BOX 15277  
TALLAHASSEE FL 32317-5277  
US

3. Date Incorporated or Qualified 01/14/1986	3a. Date of Last Report 05/02/1996
4. FEI Number 59-2626570	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip 32308	28 Country
24	30

9. Name and Address of Current Registered Agent

MANG, DOUGLAS A.  
680 E. JEFFERSON ST.  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FLECKENSTEIN, ROBERT O.	
STREET ADDRESS	ONE MADISON AVE	
CITY-ST-ZIP	NEW YORK NY 10010	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MARVIN, GUY III	
STREET ADDRESS	ONE INDEPENDENT WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32278	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BESS, ROY F., JR	
STREET ADDRESS	611 COMMERCE ST STE 3109	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CARUTHERS, L.E.	
STREET ADDRESS	2894 B REMINGTON GREEN LN.	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RABON, DAVID J	
STREET ADDRESS	2894 B REMINGTON GREEN LN.	
CITY-ST-ZIP	TALLAHASSEE FL 32317	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, ANDREW	
STREET ADDRESS	111 B S. MONROE ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	32308
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	32308
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 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: *[Signature]* DATE: \_\_\_\_\_ DAYTIME PHONE: 904-298-4436

CR2E034 (9/96)

Attachment "A"

Item 12: Additional Officers and Directors

1. Director  
Michael R. Hightower  
P. O. Box 1798  
Jacksonville, Florida 32231
2. Director  
Joseph J. Wallace, Jr.  
1275 Milwaukee Road  
Glenview, Illinois 60025
3. Secretary  
Vonzell M. Powell  
1430 Piedmont Drive East  
Tallahassee, Florida 32312