

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

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90012 015 ***300.00

DOCUMENT # J02437

1. Corporation Name

THE CAPCO GROUP, INC.

Principal Place of Business

2020 NW MIAMI COURT
3135 SW THIRD AVE.
MIAMI FL 33127
US

Mailing Address

2020 NW MIAMI COURT
3135 SW THIRD AVE.
MIAMI FL 33127
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1986

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

MURPHY, WILLIAM F.
3135 SW THIRD AVE.
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name

ELISA COTON

82 Street Address (P.O. Box Number is Not Acceptable)

2020 NW MIAMI COURT

83

84 City

MIAMI

85 Zip Code

FL

33127

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Elisa Coton

ELISA COTON

4-28-99

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 D ☒ DELETE

NAME ZUCKERMAN, MORRIS DECEASED

STREET ADDRESS 2300 SW 22ND AVE.

CITY-ST-ZIP MIAMI FL 9-27-98

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition

1.2 NAME ENID ZUCKERMAN

1.3 STREET ADDRESS 875 WEST END AVE APT 12F

1.4 CITY-ST-ZIP NEW YORK, N.Y. 10025

2.1 TITLE VICE/PRESIDENT ☐ Change ☒ Addition

2.2 NAME ELISA COTON

2.3 STREET ADDRESS 2020 N.W. MIAMI COURT

2.4 CITY-ST-ZIP MIAMI, FL. 33127

3.1 TITLE SEC/TREAS. ☐ Change ☒ Addition

3.2 NAME RONALD H. GITTER

3.3 STREET ADDRESS 110 EAST 59TH STREET

3.4 CITY-ST-ZIP N.Y. N.Y. 10022

4.1 TITLE VICE/PRESIDENT/DIRECTOR ☐ Change ☒ Addition

4.2 NAME SUZAN ZUCKERMAN

4.3 STREET ADDRESS 7540 LEXINGTON AVE

4.4 CITY-ST-ZIP LOS ANGELES, CA. 90046

5.1 TITLE DIRECTOR ☐ Change ☒ Addition

5.2 NAME DEBRA ZUCKERMAN

5.3 STREET ADDRESS 69 HAVERSTOCK HILL

5.4 CITY-ST-ZIP

6.1 TITLE LONDON NW3 4SL ENGLAND ☐ Change ☒ Addition

6.2 NAME DIRECTOR

6.3 STREET ADDRESS DAVID MILLER

6.4 CITY-ST-ZIP 88 BLEECKER STREET, #6N

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:

Elisa Coton

ELISA COTON

4-28-99

Date

305-573-8120

Daytime Phone #

CR2E034 (1/98)

0183265