FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 25 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J12109 (1)

1. Corporation Name
CAPACITY INSURANCE COMPANY

Principal Place of Business	Mailing Address
% LAWRENCE J. BUTO 3700 COCONUT CREEK PARKWAY COCONUT CREEK FL 33066-1616	% LAWRENCE J. BUTO 3700 COCONUT CREEK PARKWAY COCONUT CREEK FL 33066-1616

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/23/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2790499	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23	28		
Zip / Country	Zip / Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent

BUTO, LAWRENCE J.
3700 COCONUT CREEK PARKWAY
COCONUT CREEK FL 33066-1616

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	DP	1.1 TITLE	☑ Change ☐ Addition
NAME	BUTO, LAWRENCE J.	1.2 NAME	
STREET ADDRESS	4200 NW 101ST DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	zip = 33065
TITLE	DST	2.1 TITLE	☑ Change ☐ Addition
NAME	BUTO, FRANCES T.	2.2 NAME	
STREET ADDRESS	4200 NW 101ST DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	zip = 33065
TITLE	D	3.1 TITLE	☑ Change ☐ Addition
NAME	CARTER, ANNETTE T	3.2 NAME	
STREET ADDRESS	4521 W MCNAB ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	zip = 33069
TITLE	D	4.1 TITLE	☑ Change ☐ Addition
NAME	WOODARD, PATRICIA M.	4.2 NAME	
STREET ADDRESS	4555 CARAM BOLA CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	4.4 CITY-ST-ZIP	zip = 33066
TITLE	D	5.1 TITLE	☑ Change ☐ Addition
NAME	ZISSELMAN, ARNOLD	5.2 NAME	
STREET ADDRESS	3931 NW 27TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	zip = 33434
TITLE	D	6.1 TITLE	☑ Change ☐ Addition
NAME	PIKE, CARLTON C.	6.2 NAME	
STREET ADDRESS	3114 E CAT CAY RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	6.4 CITY-ST-ZIP	zip = 33462

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Frances T. Buto 4-20-95 305-978-9850
SIGNATURE AND TYPED OR PRINTED NAME OF MANNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Frances T. Buto

0119830 CP