FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION



FLORIDA DEPARTMENT OF STATE

	JAL REPORT 1996	****/	ecretary of State NOF CORPORATIONS		
DOCUI	MENT # J121	09 (1	1)		
CAP	ACITY INSURANCE COMP	ANY			
Principal Place	of Business	Mailing Address			BBIIR IRII BIRIX BIRII BIRII BIRIX BIRIX GIRII (800)
% LAWRENCE J. BUTO 3700 COCONUT CREEK PARKWAY COCONUT CREEK FL 33066-1616		% LAWRENCE J. BUTO 3700 COCONUT CREEK PARKWAY COCONUT CREEK FL 33066-1616			
				3. Date Incorporated or Qualified 04/23/1986	3a. Date of Last Report 04/25/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 59-2790499	Applied For
Suite, Apt. i	#, etc.	Suite, Apt. #, etc).		Not Applicable \$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z _{IP} 4	Country 25	Ζιρ 29	Country 30	8. This corporation has liability fo	
·	9. Name and Address of Curre		[30]	10. Name and Address of New	S No
			81 Name		
3700 (, LAWRENCE J. COCONUT CREEK PARKWAY ONUT CREEK FL 33066-1616		82 Street A	Address (P.O. Box Number is Not Accepta	ble)
			84 City		85 Zip Code
I1. Pursuant to	o the provisions of Sections 607.050	02 and 607.1508, Florida Sta	- '	rporation submits this statement for the pr	
SIGNATURE _	Signature, typed or printed name of registered ager	nt and title if applicable	atutes, the above named co	rporation submits this statement for the proportion of directors. I hereby accept the appropriet	
SIGNATURE _	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable ND DIRECTORS	atutes, the above-named co- lorized by the corporation's lutes. (NOTE: Registered Agent signature re	quired when reinstating)	urpose of changing its registered office pointment as registered agent. I am DATE FICERS AND DIRECTORS IN 12
SIGNATURE _	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable	atutes, the above-named co- lorized by the corporation's butes. (NOTL: Registered Agent signature ra-	quired when reinstating)	urpose of changing its registered office pointment as registered agent. I am
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2. TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS	Signature, spirit or printed name of registered ager OFFICERS AN DP BUTO, LAWRENCE J. 4200 NW 101ST DR CORAL SPRINGS FL DST BUTO, FRANCES T. 4200 NW 101ST DR	nt and the If approable ND DIRECTORS DELETE	atutes, the above-named colorized by the corporation's lutes. (NOTE: Registered Agent signature re	ADDITIONS/CHANGES TO OF	DATE Change Change
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plemental annual report is true and accurate and that my signature shall have the same legal effect as it made unique diver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name it with an address. oath; that I am an officer or director appears in Block 12 or Block 13 if d

SIGNATURE: