FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **04/23/1986**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **59-2790499** ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	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	33065	
TITLE	DST	☐ DELETE	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	33065	
TITLE	D	☐ DELETE	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	33069	
TITLE	D	☐ DELETE	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	33066	
TITLE	D	☐ DELETE	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	33434	
TITLE	D	☐ DELETE	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	33462	

CR2E034 (12/95)

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: _____ Lawrence J. Buto 4/11/96 (954) 978-9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #