**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

FILED
May 05 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 # **J12109** **(1)**

1. Corporation Name
**CAPACITY INSURANCE COMPANY**

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

3. Date Incorporated or Qualified: 04/23/1986
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip* (24): Country (25):

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30):

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 _____ 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 | ☐ 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 | | |
| 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 | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | V | ☒ Change ☐ Addition |
| NAME | CARTER, ANNETTE T | | 3.2 NAME | | |
| STREET ADDRESS | 4521 W MCNAB ROAD | | 3.3 STREET ADDRESS | 6824 N.W. 24 WAY | |
| CITY-ST-ZIP | POMPANO BEACH FL | | 3.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33309 | |
| 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 | | |
| 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 | | |
| TITLE | D | ☒ DELETE | 6.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | PIKE, CARLTON C. | | 6.2 NAME | Mitchell H. Kattler, Esq. | |
| STREET ADDRESS | 3114 E CAT CAY RD | | 6.3 STREET ADDRESS | 12160 N.W. 7 Street | |
| CITY-ST-ZIP | LANTANA FL | | 6.4 CITY-ST-ZIP | PLANTATION, FL 33325 | |

CR2E034 (9/96)

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:** _____ Frances T. Buto 4/24/97 (954) 971-9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0151510