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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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
% ARNOLD ZISSELMAN 3700 COCONUT CREEK PARKWAY COCONUT CREEK FL 33066-1616	% ARNOLD ZISSELMAN 3700 COCONUT CREEK PARKWAY COCONUT CREEK FL 33066-1616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1986

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ZISSELMAN, ARNOLD
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 Arnold Zisselman 4/23/98
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	DP	☐ Change ☒ Addition
NAME	BUTO, LAWRENCE J.		1.2 NAME	BUTO, DONNA M.	
STREET ADDRESS	4200 NW 101ST DR		1.3 STREET ADDRESS	4200 N.W. 101 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	DST	☐ DELETE	2.1 TITLE	CST	☒ 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	V	☐ DELETE	3.1 TITLE	AV	☐ Change ☒ Addition
NAME	CARTER, ANNETTE T		3.2 NAME	BUTO, Stephen	
STREET ADDRESS	68224 N.W. 24 WAY		3.3 STREET ADDRESS	11184 Lake View Drive	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
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		☐ Change ☐ Addition
NAME	KATLER, MITCHELL H ESQ.		6.2 NAME		
STREET ADDRESS	12160 N.W. 7 STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: Donna M. Buto Vice President 4/23/98