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

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State
03-29-1999 90065 018 ***150.00

DOCUMENT # J12109

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 Qualifed: 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. Certifcate 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 the current year Intangible Personal Property Tax. ☐ 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 _____ 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, DONNA M		1.2 NAME		
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	33065	
TITLE	CST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BUTO, FRANCES T.		2.2 NAME		
STREET ADDRESS	4200 NW 101ST DR		2.3 STREET ADDRESS	4200 N.W 101 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2. 4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BUTO, STEPHEN		3.2 NAME		
STREET ADDRESS	11184 LAKEVIEW DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPGS FL 33071		3.4. CITY-ST-ZIP		
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	D/VP	☐ 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	D	☐ Change ☒ Addition
NAME	KATLER, MITCHELL H ESQ.		6.2 NAME	CARTER ANNETTE	
STREET ADDRESS	12160 N.W. 7 STREET		6.3 STREET ADDRESS	6824 N.W. 24 WAY	
CITY-ST-ZIP	PLANTATION FL		6.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3-25-99 (954) 978-9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
THOMAS F. BUTO