

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J40501** (5)  
1. Corporation Name  
**CAPITAL PROPERTIES GROUP, INC.**



Principal Place of Business: **12940 CHERRYDALE CT SW FT MYERS FL 33919**  
Mailing Address: **12940 CHERRYDALE CT SW FT MYERS FL 33919**

3. Date Incorporated or Qualified: **10/31/1986**  
3a. Date of Last Report: **08/30/1995**

21. Principal Place of Business State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address State, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.	4. FEI Number <b>59-2741691</b>	Applied For Not Applicable
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						

**RAGER, KENNETH D.  
12940 CHERRYDALE CT SW  
FT MYERS FL 33919**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			<b>FL</b>	

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	1.1 TITLE	1.2 NAME	Change Addition
DSPT	RAGER, KENNETH D	<input checked="" type="checkbox"/>	1.3 STREET ADDRESS	1.4 CITY- ST- ZIP	
6274 QUAIL HOLLOW LANE			2.1 TITLE	2.2 NAME	Change Addition
FT MYERS FL 33912			2.3 STREET ADDRESS	2.4 CITY- ST- ZIP	Pres., V-Pres-Sec Rager, Cynthia A. 6274 Quail Hollow Lane Fort Myers, FL 33912
			3.1 TITLE	3.2 NAME	Change Addition
			3.3 STREET ADDRESS	3.4 CITY- ST- ZIP	Treas. Lengel, Donna L. 5854 Whiting Fort Myers, FL 33919
			4.1 TITLE	4.2 NAME	Change Addition
			4.3 STREET ADDRESS	4.4 CITY- ST- ZIP	
			5.1 TITLE	5.2 NAME	Change Addition
			5.3 STREET ADDRESS	5.4 CITY- ST- ZIP	
			6.1 TITLE	6.2 NAME	Change Addition
			6.3 STREET ADDRESS	6.4 CITY- ST- ZIP	

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 included 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, changed 24 or 25, as an attachment with an address.

SIGNATURE: *Cynthia A. Rager* Cynthia A. Rager ✓ 2/22/96 941-481-1414  
OFFICER OR DIRECTOR

CR2E034 (12/95)