

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

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Apr 04 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J47636** (2)  
1. Corporation Name  
**CAPITAL INCOME PROPERTIES, INC.**

Principal Place of Business <b>1708 METROPOLITAN BOULEVARD TALLAHASSEE FL 32308</b>	Mailing Address <b>1708 METROPOLITAN BOULEVARD TALLAHASSEE FL 32308-3764</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/17/1986</b>	3a. Date of Last Report <b>04/17/1986</b>
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.		4. FEI Number <b>59-2747420</b>	Applied For Not Applicable
22 City & State	27	28 City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	29	30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	25	29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>GRIMSLEY, GEORGE F. 1708 METROPOLITAN BOULEVARD TALLAHASSEE FL 32308</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CARTEE, GRAY I.</b>		1.2 NAME	
STREET ADDRESS <b>2605 NOBLE DR.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BOUTIN, RICHARD JR.</b>		2.2 NAME	
STREET ADDRESS <b>1637 FERNANDO DRIVE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BROWN, J.P.</b>		3.2 NAME	
STREET ADDRESS <b>219 WESTRIDGE DRIVE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GRIMSLEY, GEORGE</b>		4.2 NAME	
STREET ADDRESS <b>1708 METROPOLITAN BLVD</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WADILL, BEN</b>		5.2 NAME	
STREET ADDRESS <b>1708 METROPOLITAN BLVD</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MURRAY, E. EDWARD JR.</b>		6.2 NAME	
STREET ADDRESS <b>1001 THOMASVILLE RD.</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>TALLAHASSEE FL</b>		6.4 CITY-ST-ZIP	

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/97

Date

904 385 1120

Daytime Phone

0048207

CR2E034 (9/96)