

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J58962** (8)

1. Corporation Name

CAPITAL RESOURCES GROUP, INC.



Principal Place of Business

Mailing Address

**6094 GLENDALE DRIVE
BOCA RATON FL 33433**

**6094 GLENDALE DRIVE
BOCA RATON FL 33433**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/25/1987

3a. Date of Last Report
01/17/1995

4. FEI Number

59-2774716

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

**KADIN, FRED M
6094 GLENDALE DRIVE
BOCA RATON FL 33433**

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

Fred M. Kadin **PSI**
Signature, typed or printed name of registered agent, and fee, if applicable.

(NOTE: Registered Agent Signature required when reinstating.)

DATE

2-15-96

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE
NAME **KADIN, FRED M.**
STREET ADDRESS **6094 GLENDALE DRIVE**
CITY-STATE-ZIP **BOCA RATON FL**

TITLE **VD** ☐ DELETE
NAME **KADIN, CHRISTINE**
STREET ADDRESS **6094 GLENDALE DRIVE**
CITY-STATE-ZIP **BOCA RATON FL**

TITLE **AS** ☐ DELETE
NAME **KADIN, CHRISTINE**
STREET ADDRESS **6094 GLENDALE DRIVE**
CITY-STATE-ZIP **BOCA RATON FL**

TITLE **D** ☐ DELETE
NAME **KADIN, FRED M**
STREET ADDRESS **6094 GLENDALE DRIVE**
CITY-STATE-ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 indicated on last 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:

Fred M. Kadin **PRESIDENT SECRETARY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-96

407-395-8800

CR2E034 (12/95)