

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90150 020 ***150.00

0062047

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # J58962

1. Corporation Name
CAPITAL RESOURCES GROUP, INC.

Principal Place of Business
**6372 NW 25TH WAY
BOCA RATON FL 33496**

Mailing Address
**6372 NW 25TH WAY
BOCA RATON FL 33496**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1987

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 **5425 TENTH FAIRWAY DR**

2a. Mailing Address
26 **5425 TENTH FAIRWAY DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#3**

27 **#3**

City & State

City & State

23 **DELRAY BEACH, FL**

28 **DELRAY BEACH FL**

Zip **33484** Country **USA**

Zip **33484** Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KADIN, FRED M
6372 NW 25TH WAY
BOCA RATON FL 33496**

81 Name
KADIN, FRED M

82 Street Address (P.O. Box Number is Not Acceptable)
5425 TENTH FAIRWAY DR

83 **#3**

84 City **DELRAY BEACH**

FL

85 Zip Code
33484

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**

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 **PST** ☐ DELETE
NAME **KADIN, FRED M.**
STREET ADDRESS **6372 NW 25TH WAY**
CITY-ST-ZIP **BOCA RATON FL 33496**

1.1 TITLE **PST** ☒ Change ☐ Addition
1.2 NAME **KADIN, FRED M**
1.3 STREET ADDRESS **5425 TENTH FAIRWAY DR #3**
1.4 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **VO** ☐ DELETE
NAME **KADIN, CHRISTINE**
STREET ADDRESS **6372 NW 25TH WAY**
CITY-ST-ZIP **BOCA RATON FL 33496**

2.1 TITLE **VO** ☒ Change ☐ Addition
2.2 NAME **KADIN, CHRISTINE**
2.3 STREET ADDRESS **5425 TENTH FAIRWAY DR #3**
2.4 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **AS** ☐ DELETE
NAME **KADIN, CHRISTINE**
STREET ADDRESS **6372 NW 25TH WAY**
CITY-ST-ZIP **BOCA RATON FL 33496**

3.1 TITLE **AS** ☒ Change ☐ Addition
3.2 NAME **KADIN, CHRISTINE**
3.3 STREET ADDRESS **5425 TENTH FAIRWAY DR #3**
3.4 CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **D** ☐ DELETE
NAME **KADIN, FRED M**
STREET ADDRESS **6372 NW 25TH WAY**
CITY-ST-ZIP **BOCA RATON FL 33496**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **FRED M. KADIN**
4.3 STREET ADDRESS **5425 TENTH FAIRWAY DR #3**
4.4 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Christine KADIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99
Date

(561) 638-9337
Daytime Phone #

CR2E034 (11/98)