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Secretary of State

DOCUMENT - 3

PROFIT CORPORATION ANNUAL REPORT 1999		 DIVISION OF CORPORATIONS		FLORID 02-23-1999 90007 034 ***150.00	
DOCUMENT # J92673					
1. Corporation Name CAPITAL ENHANCEMENT CORPORATION					
Principal Place of Business 1400 PRUDENTIAL DR #1 JACKSONVILLE FL 32207			Mailing Address 1400 PRUDENTIAL DR #1 JACKSONVILLE FL 32207 4222 Ortega Place Jacksonville FL 32210		
2. Principal Place of Business			3. Date Incorporated or Qualified 09/17/1987		
21 Suite Apt. #, etc.			4. FEI Number 59-2848823		
22 City & State			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
23 Zip Country			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
24 25			8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent ALFORD C. SINCLAIR 1400 PRUDENTIAL DRIVE SUITE 1 JACKSONVILLE FL 32207			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 <i>[Signature]</i> DATE 12/31/98 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE CSP <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME SINCLAIR, ALFORD C.			1.2 NAME		
STREET ADDRESS 1400 PRUDENTIAL DR. #1			1.3 STREET ADDRESS 4222 Ortega Place		
CITY-ST-ZIP JACKSONVILLE FL			1.4 CITY-ST-ZIP JACKSONVILLE FL 32210		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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

Note:

We will be moving our corporate office to a new location in March 1999. The new address shown above is my permanent home address. ~~Atkinson~~