

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 # M06621 (0)

1. Corporation Name

CAPITAL GROWTH CONCEPTS, INC.



Principal Place of Business

2801 FLORIDA AVE.
SUITE 212
COCONUT GROVE FL 33133

Mailing Address

2801 FLORIDA AVE.
SUITE 212
COCONUT GROVE FL 33133

3. Date Incorporated or Qualified
10/18/1984

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0268741

Applied For
Not Applicable

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVENTHAL, RONALD E.
1790 WEST 49TH ST.
SUITE 401
HIALEAH FL 33012

CHANGE OF ADDRESS

Ronald E. Leventhal D.D.S.
315 Alhambra Circle
Coral Gables, FL 33134

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

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 PD
NAME LEVENTHAL, RONALD E.
STREET ADDRESS 2801 FLORIDA AVE.
CITY-ST-ZIP COCONUT GROVE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

12 NAME

TITLE ☐ DELETE

13 STREET ADDRESS

TITLE ☐ DELETE

14 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

22 NAME

TITLE ☐ DELETE

23 STREET ADDRESS

TITLE ☐ DELETE

24 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

32 NAME

TITLE ☐ DELETE

33 STREET ADDRESS

TITLE ☐ DELETE

34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

42 NAME

TITLE ☐ DELETE

43 STREET ADDRESS

TITLE ☐ DELETE

44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

52 NAME

TITLE ☐ DELETE

53 STREET ADDRESS

TITLE ☐ DELETE

54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

62 NAME

TITLE ☐ DELETE

63 STREET ADDRESS

TITLE ☐ DELETE

64 CITY-ST-ZIP

TITLE ☐ DELETE

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 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

1/19/96

Date

305-448-9770

Daytime Phone #

CR2E034 (12/95)