

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 9/15/99: \$61.35 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$226.35)

FILED

99 AUG 27 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10201-30004-17



8/11/99 90004 017 861.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000006060			
1. Corporation Name CAPITAL FOUNDATIONS, INC.			
Principal Place of Business GRANT, FRIDKIN & PEARSON, ATTORNEYS AT LAW 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES FL 34108		Mailing Address GRANT, FRIDKIN & PEARSON, ATTORNEYS AT LAW 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES FL 34108	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date incorporated or Qualified 10/27/1997 4. FEI Number APPLIED FOR 59-3489455 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent CROWN, HOWARD L 5551 RIDGEWOOD DRIVE, SUITE 401 NAPLES FL 34108	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, 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 NAME STREET ADDRESS CITY-ST-ZIP	D FLEWELLING, EDRIK C 801 ANCHOR RODE DRIVE, SUITE 106 NAPLES FL 34103 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Suite 201 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAPP, DOUGLAS A 801 ANCHOR RODE DRIVE, SUITE 106 NAPLES FL 34103 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Suite 201 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, O D 801 ANCHOR RODE DRIVE, SUITE 106 NAPLES FL 34103 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Suite 201 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 617, 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: Edrick C. Flewelling SIGNATURE REQUIRED 22 July 1999 941 435-3525

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