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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 06, 1999 8:00 am  
Secretary of State

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1. Corporation Name

CAPFA CAPITAL CORP.1998B

Principal Place of Business

99 RIVERSIDE DR.  
MOORE HAVEN FL 33471

Mailing Address

99 RIVERSIDE DR.  
MOORE HAVEN FL 33471



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/03/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0865145

Applied For

Not Applicable

23 City & State

27 City & State

Fort Myers FL

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

24 Zip Country

28 Zip Country

33906 USA

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZVARA, WILLIAM L  
4810 ARAPAHOE AVE.  
JACKSONVILLE FL 32210

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 617.0502 and 617.1508, 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 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 D  
NAME AHERN, JOHN R  
STREET ADDRESS 357 AVE. L  
CITY-ST-ZIP MOORE HAVEN FL 33471

DELETE

1.1 TITLE D  
1.2 NAME Wayne Owens  
1.3 STREET ADDRESS 99 Riverside Drive  
1.4 CITY-ST-ZIP Moore Haven FL 33471

Change Addition

TITLE D  
NAME SILLS, JAMES M  
STREET ADDRESS 399 AVE. N  
CITY-ST-ZIP MOORE HAVEN FL 33471

DELETE

2.1 TITLE B  
2.2 NAME Beaman Rich  
2.3 STREET ADDRESS 99 Riverside Drive  
2.4 CITY-ST-ZIP Moore Haven FL 33471

Change Addition

TITLE D  
NAME OGLETREE, HARRY H  
STREET ADDRESS 256 AVE. K  
CITY-ST-ZIP MOORE HAVEN FL 33471

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

TITLE D  
NAME HARRIS, R.G.  
STREET ADDRESS 300 AVE. K AND THIRD STREET  
CITY-ST-ZIP MOORE HAVEN FL 33471

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

TITLE D  
NAME WINIECKE, E.W.  
STREET ADDRESS 6699 RIVERSIDE DR.  
CITY-ST-ZIP MOORE HAVEN FL 33471

DELETE

5.1 TITLE D  
5.2 NAME Stephen Taylor  
5.3 STREET ADDRESS 99 Riverside Drive  
5.4 CITY-ST-ZIP Moore Haven FL 33471

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:

SIGNATURE REQUIRED Bennett

Administrative 12/26/99

Date

Daytime Phone #

CR2E037 (11/98)