


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

FILED  
Jun 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <i>pg 30000041182</i> 1. Corporation Name <i>PRIVATE CAPITAL PARTNERS, INC.</i>		

Principal Place of Business <i>4792 N. CITATION DRIVE, 101 DELRAY BEACH FLORIDA 33446</i>	Mailing Address
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2. Principal Place of Business 21 <i>4792 N. CITATION DR</i> Suite, Apt. #, etc. 22 <i>101</i> City & State 23 <i>DELRAY BEACH</i> Zip 24 <i>33446</i>	2a. Mailing Address 26 <i>4792 N. CITATION DR</i> Suite, Apt. #, etc. 27 <i>101</i> City & State 28 <i>DELRAY BEACH</i> Zip 29 <i>33446</i> Country 25 <i>USA</i> 30 <i>USA</i>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <i>06/13/93</i>	Applied For Not Applicable
4. FEI Number <i>65-0428356</i>	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name <i>LEE C. SUMMERS, ESQ.</i>	
		82 Street Address (P.O. Box Number is Not Acceptable) <i>2300 GLADES ROAD</i>	
		83 <i>SUITE 460 WEST</i>	
		84 City <i>BOCA RATON</i>	85 Zip Code <i>FL 33431</i>

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 607.0605, Florida Statutes.

SIGNATURE *Lee C. Summers Esq.* DATE *4-27-98*  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <i>PRESIDENT</i>	<input type="checkbox"/> DELETE
NAME <i>STEPHEN DOUGLAS GOSS</i>	
STREET ADDRESS <i>4792 N. CITATION DR 101</i>	
CITY-ST-ZIP <i>DELRAY BEACH FL 33446</i>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address.

*561-6388836*

CR2E034 (10/97)