FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 6:20
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000055065

1. Corporation Name

CAPSTONE CREDIT SERVICES, INC.

700001484397
-05/11/95--01083--008
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1900 Land O' Lakes Blvd. Suite 103 Lutz, FL 33549	P.O. Box 1267 Lutz, FL 33549-1267

3. Date Incorporated or Qualified: 08/06/1993
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21: 1900 Land O' Lakes Blvd.
Suite, Apt. #, etc
22: Suite 103
City & State
23: Lutz, FL
Zip / Country
24: 33549 / 25:

2a. Mailing Address
26: P.O. Box 1267
Suite, Apt. #, etc
27:
City & State
28: Lutz, FL
Zip / Country
29: 33549 / 30:

4. FEI Number: 65-0433657 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

Douglas W. Cullaro
1900 Land O' Lakes Blvd.
Suite 103
Lutz, FL 33549

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Douglas W. Cullaro 1802 Helney Road Lutz, FL 33549	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	XX Change ☐ Addition D Douglas W. Cullaro 1900 Land O' Lakes Blvd. Lutz, FL 33549
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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)(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 on an attachment with an address.

SIGNATURE: Douglas W. Cullaro 4-24-95 (813)949-0631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #