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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000055065 (5)

1. Corporation Name

CAPSTONE CREDIT SERVICES, INC.



Principal Place of Business

1900 LAND O' LAKES BLVD
SUITE 103
LUTZ FL 33549
US

Mailing Address

P.O. BOX 1267
LUTZ FL 33548-1267

3. Date Incorporated or Qualified

08/06/1993

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 120 Lutz Lake Fern Rd W

2a. Mailing Address

26 P.O. Box 1267

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Lutz FL

City & State

28 Lutz, FL

Zip

24 33549

Country

25 Hillsborough

Zip

29 33548-1267

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

CULLARO, DOUGLAS W
1900 LAND O' LAKES BLVD
SUITE 103
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

Cullaro, Douglas W

82 Street Address (P.O. Box Number is Not Acceptable)

120 Lutz Lake Fern Rd W

83

84 City

Lutz

FL

85 Zip Code

33549

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

4-28-97

12. OFFICERS AND DIRECTORS

TITLE D CULLARO, DOUGLAS W ☐ DELETE

NAME CULLARO, DOUGLAS W
STREET ADDRESS 1900 LAND O' LAKES BLVD.
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Cullaro, Douglas W
1.3 STREET ADDRESS 120 Lutz Lake Fern Rd
1.4 CITY-ST-ZIP Lutz, FL 33549

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 on an attachment with an address.

CR2E034 (9/96)