Subject April And Benefit	SECOND AMOUNT DUE	NOTICE: CORP ON OR BEFORE 8	ORATION WILL BE 1 /7/96: \$225 (IF DISSO	DISSOLVED ON OR AFTE LVED, MINIMUM AMOUNT D	R AUGUS DUE TO REI	T 7, 1996. NSTATE: \$37	5.)			
DOCUMENT # P93000077758 (9) CAPITAL REALTY, INC. ***Proper Place of Business** \$2	COR ANNU	rporation Jal Repor		Sandra Secre	a B. Mortha tary of Sta	am te				
Pinticipal Place of Blumons. Ma lug Address 62 SOUTH STATE ROAD 7 MAGAIT R. 2008 US 2. Pinticipal Place of Blumons 3. Lake of Lake Place Place 3. Lake Office Place of Blumons 3. Lake of Lake Place Place 3. Lake Office Place of Blumons 4. Fell Junior 5. Conflicted of Source Description 6. Conflicte	DOCUI 1. Corporation	MENT #	P93000	0077758 (9	9)					
SSZ SOUTH STATE ROAD 7 MARGATE R. 3008 SS SOUTH STATE ROAD 7 MARGATE R. 3008 1. Date Incorporated or Qualified 2. Principal Pacin of Euconomes 2. Maring Address 2. Principal Pacin of Euconomes 2. Maring Address 3. Date Incorporated or Qualified 3. Date Incorporated or Qualified 3. Date of Lot Report 1/109/1933 1/10/1933 3. Date of Lot Report 1/109/1933 3. Date Incorporated or Qualified 3. Date of Lot Report 1/109/1933 3. Date of Lot Report 1. Date of Lo	CAPITA	al realty,	INC.	·				(1481119) 11ê 18164 11111 48111 88111	Då in Odni (Odni 10	### # ### #############################
MARCATE R. 33088 Marcan Address Section	Principal Place	e of Business		Mailing Address		<u></u>				
Principal Pace of Business 2a, Mairing Adjuncts 1/1/89/1983 07/21/1985 07	MARGATE FL 33068			MARGATE FL 33068						
20	2. Principal Pi	lace of Business						11/09/1993		1/1995
Per Required Fee Required City & State State City & State Cit				26 P.O. Bax 100099			·····	65-0449051	\$	Not Applicable
28] MIN Country 28 Management M	City & State	9	,						<u>'</u>	Fee Required
Description in Propriation Services INC. 1201 HAYS ST. TALLAHASSEE FL 32301 82 Shoel Address (P.O. Box Number is Not Acceptable). 83 Shoel Address (P.O. Box Number is Not Acceptable). 11. Pursuant to the provisions of Sections 607 0502 and 607 1508 Figures Statutes the above named corporation authorises the above requirement of the pursuan acceptancy to the initial section of Portal Statutes and office or requirement agents and corporation authorises the above named corporation authorises the acceptancy for the pursuan acceptancy to require a registered office or requirement agents and accept the originators of Sections Statutes. 11. Pursuant to the provisions of Sections 607 0502 and 607 1508 Figures Statutes the above named corporation authorises the acceptancy to require a registered of the ecoporation authorises the acceptancy to require a registered of the ecoporation authorises the acceptancy to require a registered of the ecoporation acceptancy accepta	Zip	,	Country	Zip	Cou	untry	<u>L.</u>	Trust Fund Contribution 8. This corporation has liab lity for	intangible tax	Added to Fees under s 199.032
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301 80 84 City FL 85 Zig Code 11. Pursuant to be presented apergo to both in packing of linear Story change also sources, the above named corporation submis this statement for the purpose of changing its registered efficie for required apergo, or both in packing of linear Story change also sources, the above named corporation's town of office for the purpose of changing its registered efficie for required apergo to both in packing of Story change also sources, the above named corporation's town of office for the purpose of changing its registered agent land purposition and accept the obligations of Story Change also sources, the above named corporation's town of office for the purpose of changing its registered agent land purposition and accept the obligation at the purposition and accept the obligation of the purpose of changing its registered agent land purposition and accept the obligation and accept the accept and acc		9. Name and		Registered Agent	30 (L		
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Elected Statutes, the above named corporation submits this statement for the purpose of changing is registered agent tam in the batter of Fordas. Such changes was authorized submits this statement for the purpose of changing is registered agent tam objections of Section 607 0505, Fordad Statutes. Signature	1201 HAYS ST.							ss (P.O. Box Number is Not Acceptal	ble)	
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 registrate of licit of suppliers agent, and more state agent, and more state agent ag						ļ			В	5 Zip Code
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12.	11. Pursuant to	to the provisions egistered agent	of Sections 607.0502 or both, in the State of	and 607.1508, Florida Statu Florida, Such change was	ites, the ab authorized	ove-named by the corp	corporation	ation submits this statement for the p	urocco of obje	nging its registered ent as registered
DIFRONZO, VITO 12 NAME 13 SIREET ADDRESS CITY-ST-ZP CORAL SPRINGS FL DELETE 21 TITLE 22 NAME 22 NAME 23 SIREET ADDRESS CITY-ST-ZP SIREET ADDRESS CITY-ST-ZP DELETE 31 TITLE NAME 33 SIREET ADDRESS CITY-ST-ZP Addition SIREET ADDRESS CITY-ST-ZP Addition SIREET ADDRESS CITY-ST-ZP DELETE 35 TITLE NAME 45 SIREET ADDRESS CITY-ST-ZP TITLE NAME 55 SIREET ADDRESS CITY-ST-ZP TITLE NAME 55 SIREET ADDRESS CITY-ST-ZP TITLE DELETE 55 TITLE NAME 55 SIREET ADDRESS CITY-ST-ZP TITLE DELETE 55 TITLE DELETE 55 TITLE DELETE 55 TITLE DELETE 55 SIREET ADDRESS CITY-ST-ZP TITLE DELETE 55 SIREET ADDRESS CITY-ST-ZP TITLE DELETE 55 TITLE		Va	red name of register or agent	end line tapplicable (fig	-VITO	Dif.	Rak	ro	J/6/9	5
DIFEONZO, VITO 940 CORAL RIDGE DR 13 STREET ADDRESS CITY-ST-2P CORAL SPRINGS FL DELETE 21 TILLE 22 NAME 23 STREET ADDRESS CITY-ST-2P DELETE 31 TILLE 33 STREET ADDRESS CITY-ST-2P DELETE 31 TILLE 33 STREET ADDRESS CITY-ST-2P DELETE 41 TILLE 33 STREET ADDRESS CITY-ST-2P DELETE 41 TILLE AMME 33 STREET ADDRESS CITY-ST-2P DELETE 41 TILLE AMME 41 STREET ADDRESS CITY-ST-2P ADDRESS CITY-ST-2P DELETE 41 TILLE AMME 42 NAME 43 STREET ADDRESS CITY-ST-2P TILLE DELETE 41 TILLE Change Addition Addition Addition Addition ADDRESS CITY-ST-2P TILLE DELETE 51 TILLE DELETE Change Addition Ad		P	OFFICERS AND			TLE	1	ADDITIONS/CHANGES TO OFFI		
CITY ST-ZP COTAL SPRINGS FL DELETE 1 TITLE DELETE 2 TITLE 2 TITLE 2 TITLE Change Addition AME STREET ADDRESS CITY-ST-ZP THE DELETE 3 TITLE DELETE 4 TITLE DELETE 4 TITLE DELETE 4 STREET ADDRESS CITY-ST-ZP THE AMME AMME AMME AS STREET ADDRESS CITY-ST-ZP THE DELETE 5 TITLE Change Addition Addition AMME STREET ADDRESS CITY-ST-ZP THE DELETE 5 TITLE DELETE 5 TITLE Change Addition Addition AMME STREET ADDRESS CITY-ST-ZP THE DELETE 5 TITLE Change Addition Addition AMME STREET ADDRESS CITY-ST-ZP THE DELETE 6 TITLE Change Addition Addition Addition AMME STREET ADDRESS CITY-ST-ZP THE DELETE 6 TITLE Change Addition Addition AMME STREET ADDRESS CITY-ST-ZP THE Change Addition Addition ADDRESS CITY-ST-ZP THE Change Addition Addition Addition ADDRESS CITY-ST-ZP THE Change Addition Addition ADDRESS CITY-ST-ZP THE Change Addition Addition ADDRESS CITY-ST-ZP Addition ADDRESS CITY-ST-ZP Addition ADDRESS CITY-ST-ZP Addition ADDRESS CITY-ST-ZP ADDRESS CITY-ST-ZP ADDRESS CITY-ST-ZP ADDRESS CITY-ST-ZP ADDRESS CITY-ST-ZP ADDRESS ADDRESS ADDRESS STREET ADDRESS AD	ľ						-	10 < Edon't Have		
INTE										G. 25
STREET ADDRESS CITY-ST-ZIP DELETE 31 TITLE DELETE 31 Change Addition AMME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition AMME AL NAME 42 NAME 43 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition AMME AL NAME AL NAME AL NAME AL NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE DELETE 51 STREET ADDRESS CITY-ST-ZIP THE DELETE 61 STREET ADDRESS CITY-ST-ZIP ADDRESS STREET ADDRESS CITY-ST-ZIP ADDRESS STREET ADDRESS CITY-ST-ZIP ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AL L ADDRESS STREET ADDRESS GETY-ST-ZIP AL L L ADDRESS STREET ADDRESS GETY-ST-ZIP ADDRESS STREET ADDRESS GETY-ST-ZIP ADDRESS GETY-ST-ZIP AL L L ADDRESS GETY-ST-ZIP AL L L ADDRESS GETY-ST-ZIP AL L L L L L L L L L L L L L L L L L L	TITLE	***************************************		DELETE			1 -	MANAGE COTON, 1		Change Addition
INTLE DELETE 31TILE Change Addition										
NAME STREET ADDRESS CITY-ST-ZP 34 CITY-ST-ZP 34 CITY-ST-ZP NAME STREET ADDRESS CITY-ST-ZP Addition NAME STREET ADDRESS CITY-ST-ZP Addition AME STREET ADDRESS CITY-ST-ZP Addition NAME STREET ADDRESS CITY-ST-ZP TITLE DELETE DELETE STINLE DELETE STREET ADDRESS CITY-ST-ZP TITLE DELETE STREET ADDRESS GA CITY-ST-ZP TITLE Change Add flon A		····			2 4 0	iTY-ST-ZiP				
STREET ADDRESS CITY-ST-ZIP TIFLE DELETE DELE				DELETE						Change Addition
TITLE NAME Addition Addition ADDITIVE ASSTREET ADDRESS CITY-ST-ZIP DELETE DELETE 51 TITLE DELETE 51 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP DELETE 51 TITLE DELETE 51 TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP DELETE 51 TITLE Change Addition Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP DELETE 61 TITLE NAME STREET ADDRESS CITY-ST-ZIP 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)(k). Florida Statutes 1 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 logal 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, Fiorida Statutes, and that my name appears in Bigot 100 Riock 13 if changed, or on an attachment with an address SIGNATURE SIGNATURE Addition Addition Change Addition										
NAME STREET ADDRESS CHY-ST-ZIP TITLE DELETE 51 TITLE STREET ADDRESS CHY-ST-ZIP TITLE DELETE 51 TITLE DELETE 51 TITLE DELETE 51 TITLE TITLE DELETE 61 TITLE NAME 62 NAME 53 STREET ADDRESS CHY-ST-ZIP TITLE DELETE 61 TITLE NAME 62 NAME 63 STREET ADDRESS CHY-ST-ZIP 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)(k). 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 of Block 13 if changed, or on an attachment with an address SIGNATURE SIGNATURE 10 DELETE 51 DITLE Change Addition Addition Change Addition			· · · · · · · · · · · · · · · · · · ·	The second			ļ			
STREET ADDRESS CHY-ST-ZIP TITLE DELETE 51 TITLE STREET ADDRESS CHY-ST-ZIP TITLE DELETE 51 TITLE STREET ADDRESS CHY-ST-ZIP TITLE DELETE 51 TITLE DELETE 51 TITLE Change Addition AMME STREET ADDRESS CHY-ST-ZIP TITLE DELETE 61 TITLE STREET ADDRESS CHY-ST-ZIP 64 CHY-ST-ZIP 64 CHY-ST-ZIP 14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 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 Bigs 150 Titlock 13 if changed, or on an attachment with an address SIGNATURE 100 DELETE 101 DELETE 102 DELETE 103 DELETE 104 DELETE 105 DELETE 105 DELETE 106 DELETE 107 DELETE 107 DELETE 108 DELETE 108 DELETE 109 DELETE 1				OELE IE					Ц	Change Addition
CHY-ST-ZIP TITLE DELETE 51 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 52 NAME 53 SHREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE NAME 62 NAMF 62 NAMF 63 SHREET ADDRESS CITY-ST-ZIP 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)(k). Florida Statutes 1 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 logal 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, Fiorida Statutes; and that my name appears in Block 100 Filock 13 if changed, or on an attachment with an address SIGNATURE 14. Change Addition Addition Change Addition Addition Change Addition Change Addition Change Addition Change Addition										
NAME STREET ADDRESS CITY- ST-ZIP TITLE DELETE 61 TITLE 62 NAME 63 SIREET ADDRESS CITY- ST-ZIP 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)(N). Florida Statutes 1 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 logal 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 13 if changed, or on an attachment with an address SIGNATURE		· · · · · · · · · · · · · · · · · · ·			4 4 C	TY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 61 TITLE 62 NAME 62 NAME 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 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)(k). Florida Statutes 1 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 logal 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 13 if changed, or on an attachment with an address SIGNATURE SIGNATURE 53 SIREET ADDRESS 64 CITY-ST-ZIP 64 CIT	i			DELETE						Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 logal 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 13 if changed, or on an attachment with an address SIGNATURE SIGNATURE										
NAME STREET ADDRESS CITY-ST-ZIP 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)(k). 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 logal 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 13 if changed, or on an attachment with an address SIGNATURE	CITY-ST-ZIP									
STREET ADDRESS CITY-ST-ZIP 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)(k). 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 13 if changed, or on an attachment with an address SIGNATURE	TITLE			DELETE	6 1 Ts	TLE				Change Add tion
64CITY-ST-ZIP 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)(k). 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 13 if changed, or on an attachment with an address SIGNATURE	i				1					
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)(k). 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 13 if changed, or on an attachment with an address. SIGNATURE	CITY-ST-ZIP						İ			
SIGNATURE VID DERNIZE TILLO (36)9.8-6838	14. I do hereb further cer made unde	tiry that the inform er oath; that I am	nation indicated on th an officer or director	is annual report or supplem of the corporation or the rec	urnished a rental annu- ceiver or tre	nd does not al report is t ustee empoy	ruo and	t accurate and that my eignature eks	di hava tha can	and and affect on it. I
AND THE STATE OF T		URF	(a)	1	VIEC .	1 Fee	500	o Alalan	(305)94	K-5828