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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400008846 (5)

CAPITAL PURSUIT INC

Principal Place of Business Mailing Address 8930 STATE RD 84 STE 177 8930 STATE RD 84 STE 177 FT LAUDERDALE FL 33324 FT LAUDERDALE FL 33324 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/25/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-047 1903 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State \$5.00 May Be City & State 6. Election Campaign Financing 23 Added to Fees Trust Fund Contribution Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BATSCH, VICTORIA D 7030 W 15TH ST Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33317 **B3** 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 Signature, typed or pressed name of registered agent and trie 4 applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE BATSCH, VICTORIA NAME 1.2 NAME 7030 SW 15TH ST 1.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE □ DELETE 3.1 TITLE Change Addition NAME 3.2 NAME

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 on an attachment with an address.

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6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

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May 05 1998 8:00am

Secretary of State