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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000011456 (8)

CAPITAL ACCUMULATION, INC.

Principal Place of Business Mailing Address

## FILED Apr 27 1998 8:00am Secretary of State



Fill totpas Flace	O Dusinoss	mailing / loarcoo				i i
2050 EAST OAKLAND PARK BLVD. STE. 209 FORT LAUDERDALE FL 33306		2050 EAST OAKLAND PARK BLVD. STE. 209 FORT LAUDERDALE FL 33306				DO NOT WRITE IN THIS SPACE
TOTT BRODE	CAMP 15 CORD					3. Date Incorporated or Qualified 02/07/1994
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0474500   Not Applicable
Sulte, Apt. (	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Certificate of Status Desired     Section
City & State	3	City & State	<del></del>			Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip				ntry		8. This corporation owes or has paid the current year Intangible
24	25   29   30   9. Name and Address of Current Registered Agent			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent		
	<del> </del>	nt Hegistered Agent		B1	Name	The state of the s
O'DONNELL, MICHAEL A						
2050 <b>E</b> ast Oakland Park Blvd. Ste. <b>209</b>				82	Street	Address (P.O. Box Number is Not Acceptable)
	RT LAUDERDALE FL 33306			63		
, 01	IN ENOUGHDALL I E SOSSO				02	er Tin Code
				84		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.05	02 and 607, 1508, Florida Statute	es, the al	DOVE	-named	d corporation submits this statement for the purpose of changing its registered
office of re agent. Lar	egistered agent, or both, in the State m familiar with, and accept the obliq	e of Florida, Such change was a gations of, Section 607.0505, Flo	orida Stat	utes	ine corp 3.	rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE						
0.	Signature, typed or printed name of registered ac			d Age	int signature	re required when reinstating) DATE
12.		ND DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	PSTD	☐ DELETE	1.1 TO			Change
NAME	MEYER, LUKE			1,2 NAME		
STREET ADDRESS	CODT LAUDEDDALE EL			1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY - ST - ZIP		T-ZIP	Change Addition
TITLE		☐ £נננונ	2.1 TITLE 2.2 NAME			- Orlange - Advisor
NAME	·				ADDDEDG	
STREET ADDRESS				2.3 STREET ADDRESS 2. 4 City - St - Zip		
CITY-ST-ZIP	DELETE			3.1 TITLE		Change Addition
TITLE NAME		[ Decert	3.2 N/			
					ADDRESS	
STREET ADDRESS CITY-ST-ZIP					ST-ZIP	
TITLE	DELETE			4.1 TITLE		Change Addition
NAME			4. 2 N	MME		
STREET ADDRESS			4.3 51	TREET	ADDRESS	j
CITY-ST-ZIP			4.4 Ct	ITY-S	ST-ZIP	
TITLE		DELETE	51 TI	TLE		Change Addition
NAME			52 N	AME		
STREET ADDRESS			5.3 ST	TREET	ADDRESS	
CITY-ST-ZIP	_		5.4 CI	TY-S	ST-ZIP	
TITLE		☐ DELETE	61 TI	TLE		☐ Change ☐ Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 S	TREFT	ADDRESS	
CITY-ST-ZIP	<u>-</u> -				ST - ZIP	
44 Iharabura	south, that the information augustical i	with this filuse done not avalify fo	ar the eye	omn	dion etatr	ted in Section 119.07(3)(i). Florida Statutes, I further certify that the information

In network certify that the information supplied with this mining does not quality for the exemption stated in Section 119.07(3)(), Frorida Statules. Ffurther 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.