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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000041136 (0)**

1. Corporation Name
CAPITAL ASSET SPECIAL, INC.



Principal Place of Business 1700 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH FL 33401	Mailing Address 1700 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH FL 33401-3008
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3. Date Incorporated or Qualified 06/01/1994	3a. Date of Last Report 04/08/1996
4. FEI Number 65-0496093	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent	
81 Name CT Corporation System	85 Zip Code 33324
82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd	
83 City Plantation	
84 State FL	

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 *Mary R. Adams* **Mary R. Adams, Asst Sec.** **5/14/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	NAME	1.1 TITLE
NAME	STREET ADDRESS	1.2 NAME
CITY - ST - ZIP		1.3 STREET ADDRESS
		1.4 CITY - ST - ZIP
TITLE	NAME	2.1 TITLE
NAME	STREET ADDRESS	2.2 NAME
CITY - ST - ZIP		2.3 STREET ADDRESS
		2.4 CITY - ST - ZIP
TITLE	NAME	3.1 TITLE
NAME	STREET ADDRESS	3.2 NAME
CITY - ST - ZIP		3.3 STREET ADDRESS
		3.4 CITY - ST - ZIP
TITLE	NAME	4.1 TITLE
NAME	STREET ADDRESS	4.2 NAME
CITY - ST - ZIP		4.3 STREET ADDRESS
		4.4 CITY - ST - ZIP
TITLE	NAME	5.1 TITLE
NAME	STREET ADDRESS	5.2 NAME
CITY - ST - ZIP		5.3 STREET ADDRESS
		5.4 CITY - ST - ZIP
TITLE	NAME	6.1 TITLE
NAME	STREET ADDRESS	6.2 NAME
CITY - ST - ZIP		6.3 STREET ADDRESS
		6.4 CITY - ST - ZIP

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	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.

SIGNATURE: *Donald Greetham* **Donald Greetham, V.P.** **4/29/97** **561-689-9100**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)