


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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3950 RCA Blvd. Suite, Apt. #, etc. 22 Suite 5001 City & State 23 Palm Beach Gardens, FL Zip Country 24 33410 25 USA		2a. Mailing Address 26 3950 RCA Blvd. Suite, Apt. #, etc. 27 Suite 5001 City & State 28 Palm Beach Gardens, FL Zip Country 29 33410 30 USA		3. Date Incorporated or Qualified 06/01/1994 ✓	
		4. FEI Number 65-0496093 ✓		Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HEITMEYER, RICHARD	
STREET ADDRESS	3950 PALM BEACH LAKES BLVD, STE 1100	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHELTON, GILBERT	
STREET ADDRESS	3950 PALM BEACH LAKES BLVD, STE 1100	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	
TITLE	SVX	<input type="checkbox"/> DELETE
NAME	RAMSEY, JOHN E	
STREET ADDRESS	3414 PEACHTREE RD STE 660	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	Y	<input type="checkbox"/> DELETE
NAME	GREETHAM, DONALD E	
STREET ADDRESS	3950 PALM BEACH LAKES BLVD, STE 1100	
CITY-ST-ZIP	WEST PALM BEACH FL 33410	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3950 RCA Blvd. Suite 5001
1.4 CITY-ST-ZIP	Palm Beach Gardens, Florida 33410
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3950 RCA Blvd. Suite 5001
2.4 CITY-ST-ZIP	Palm Beach Gardens, Florida 33410
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	VP
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3950 RCA Blvd. Suite 5001
4.4 CITY-ST-ZIP	Palm Beach Gardens, Florida 33410
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

Donald Greetham, Treasurer

SIGNATURE:

04/16/98

561-515-1000

CR2E034 (10/97)