

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90022 032 ***150.00

DOCUMENT # P94000041485

1. Corporation Name

CAPITAL ASSET TAX INVESTMENT, INC.

Principal Place of Business

3950 RCA BOULEVARD
SUITE 5001
PALM BEACH GARDENS FL 33418

Mailing Address

3950 RCA BOULEVARD
SUITE 5001
PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1994

4. FEI Number

65-0496086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 7108 Fairway Drive

Suite, Apt. #, etc.

22 130

City & State

23 Palm Beach Gardens, FL

Zip

24 33418

Country

25 USA

2a. Mailing Address

26 7108 Fairway Drive

Suite, Apt. #, etc.

27 130

City & State

28 Palm Beach Gardens, FL

Zip

29 33418

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

Richard Heitmeyer

82 Street Address (P.O. Box Number is Not Acceptable)

7108 Fairway Drive, #130

83

84 City

Palm Beach Gardens

FL

85 Zip Code

33418

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)

1-22-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HEITMEYER, RICHARD A
STREET ADDRESS 3950 RCA BOULEVARD, SUITE 5001
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE VD ☒ DELETE

NAME SHELTON, GILBERT
STREET ADDRESS 3950 RCA BOULEVARD, SUITE 5001
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE S ☒ DELETE

NAME RAMSEY, JOHN E
STREET ADDRESS 3950 RCA BOULEVARD, SUITE 5001
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE T ☒ DELETE

NAME GREETHAM, DONALD E
STREET ADDRESS 3950 RCA BOULEVARD, SUITE 5001
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Heitmeyer, Richard
1.3 STREET ADDRESS 7108 Fairway Drive, #130
1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE S ☐ Change ☒ Addition

3.2 NAME Jauregui, Carmen
3.3 STREET ADDRESS 7108 Fairway Drive, #130
3.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-99

Date

1-561-776-1100

Daytime Phone #

CR2E034 (11/98)