

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000055253 (6)**

1. Corporation Name

CAPITAL SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Business

**7154 N UNIVERSITY DR
SUITE 250
FT LAUDERDALE FL 33179**

Mailing Address

**7154 N UNIVERSITY DR
SUITE 250
FT LAUDERDALE FL 33179**

2. Principal Place of Business

21. State: **Ap. Fl.**

22. City & State

23. Zip Country

24. 25. 26. 27. 28. 29. 30. Country

2a. Mailing Address

26. State: **Ap. Fl.**

27. City & State

28. Zip Country

29. 30. Country

3. Name and Address of Current Registered Agent

**MARGOLIN, ELY
7154 N. UNIVERSITY DR.
SUITE 250
TAMARAC FL 33179**

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 607.0002 and 607.0003, 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 607.0005, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent (if not the same as above)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
11. NAME **DP** [] DELETED
12. NAME **MARGOLIN, ELY**
13. STREET ADDRESS **7154 N. UNIVERSITY DR., SUITE 250**
14. CITY/STATE/ZIP **TAMARAC FL**
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 registered or former empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed for or on an attachment with an initial 'S'.

SIGNATURE:

[Signature]

FILED
Oct 08 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1994

4. FEI Number

65-0559625

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
Applied to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2025 RELEASE UNDER E.O. 14176