

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

FILED

Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000019587 (1)

1. Corporation Name  
CAPACITY INSURANCE AND SURETY GROUP, INC.



Principal Place of Business  
292 SOUTH UNIVERSITY DRIVE  
4520 N.W. 18TH AVE.  
PLANTATION FL 33324  
US

Mailing Address  
120 PLEASANT AVENUE  
4520 N.W. 18TH AVE.  
UPPER SADDLE RIVER NJ 07458-2314  
US

3. Date Incorporated or Qualified 03/08/1995  
3a. Date of Last Report 02/14/1996

2. Principal Place of Business

21 4520 NE 18th Avenue

Suite Apt. # etc

22 Suite 201

City & State

23 Ft Lauderdale Fla

Zip

24 33334

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

29

Country

30

4. FEL Number  
65-0569620

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LULL, ROBERT G.  
292 SOUTH UNIVERSITY DRIVE  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

4520 NE 18th Avenue

83

Suite 201

84

Ft Lauderdale

FL

85 Zip Code

33334

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

12. OFFICERS AND DIRECTORS

TITLE P  
NAME LULL, ROBERT G  
STREET ADDRESS 292 SOUTH UNIVERSITY DRIVE  
CITY-ST-ZIP PLANTATION FL  
☐ DELETE

TITLE D  
NAME WEINRAUB, MARK B  
STREET ADDRESS 292 SOUTH UNIVERSITY DRIVE  
CITY-ST-ZIP PLANTATION FL  
☐ DELETE

TITLE D  
NAME STANTON, DEBRA L  
STREET ADDRESS 292 SOUTH UNIVERSITY DRIVE  
CITY-ST-ZIP PLANTATION FL  
☐ DELETE

TITLE D  
NAME DAVES, DONALD W  
STREET ADDRESS 292 SOUTH UNIVERSITY DRIVE  
CITY-ST-ZIP PLANTATION FL  
☐ DELETE

TITLE D  
NAME SALERNO, JAMES M  
STREET ADDRESS 292 SOUTH UNIVERSITY DRIVE  
CITY-ST-ZIP PLANTATION FL  
☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME Lull, Robert G  
1.3 STREET ADDRESS 4520 NE 18th Ave  
1.4 CITY-ST-ZIP Suite 201  
Ft Lauderdale, FL 33334  
☒ Change ☐ Addition

2.1 TITLE D  
2.2 NAME Weinraub, Mark B  
2.3 STREET ADDRESS 4520 NE 18th Ave  
2.4 CITY-ST-ZIP Suite 201  
Ft Lauderdale, FL 33334  
☒ Change ☐ Addition

3.1 TITLE D  
3.2 NAME Stanton, Debra L  
3.3 STREET ADDRESS 4520 NE 18th Ave  
3.4 CITY-ST-ZIP Suite 201  
Ft Lauderdale, FL 33334  
☒ Change ☐ Addition

4.1 TITLE D  
4.2 NAME Daves, Donald W  
4.3 STREET ADDRESS 4520 NE 18th Ave  
4.4 CITY-ST-ZIP Suite 201  
Ft Lauderdale, FL 33334  
☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME Mary Salerno, Director  
6.3 STREET ADDRESS 4520 NE 18th Ave, Suite 201  
6.4 CITY-ST-ZIP Ft Lauderdale, FL 33334  
☐ Change ☒ Addition

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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone 0002896

CR2E034 (9/96)