

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
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90011 033 ***150.00

DOCUMENT # P95000019587

1. Corporation Name

CAPACITY INSURANCE AND SURETY GROUP, INC.

Principal Place of Business

2201 NE 52ND STREET
SUITE 202
LIGHTHOUSE POINT FL 33064
US

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1995

4. FEI 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 owes the current year Intangible

Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

LULL, ROBERT G.
4520 NE 18TH AVE
SUITE 201
FT. LAUDERDALE FL 33334

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LULL, ROBERT G	
STREET ADDRESS	2201 NE 52ND STREET SUITE 202	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEINRAUB, MARK B	
STREET ADDRESS	2201 NE 52ND STREET STE 202	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STANTON, DEBRA L	
STREET ADDRESS	2201 NE 52ND STREET STE 202	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAVES, DONALD W	
STREET ADDRESS	2201 NE 52ND STREET SUITE 202	
CITY-ST-ZIP	LIGHTHOUST POINT FL 33064	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SALEMO, MARY	
STREET ADDRESS	2201 NE 52ND STREET SUITE 202	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

000952