SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996

CITY-ST ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000068915 (4	DOCUMENT # 1. Corporation Name	P95000068915	(4)
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CAPITAL ASSOCIATES, INC. Mailing Address Principal Place of Business 1812 EDGEWATER DR. 1812 EDGEWATER DR. **BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436** 3. Date Incorporated or Qualified 3a. Date of Last Report 08/31/1995 4. FET Number Applied For 65-0606590 2. Principal Place of Business 2a. Mailing Address ABONE Not Applicable ABOUE 26 \$8.75 Additional Suite, Apt. #, etc. Suite. Apt. #. etc. 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has flability for intangible tax unider s. 199 032,  $Z_{1D}$ Zip Country C/I Yas [ ] No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 **BOOTH, PATRICK** Street Address (P.O. Box Number is Not Acceptable) 82 1812 EDGEWATER DR. **BOYNTON BEACH FL 33436** 83 Zip Code 85 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Bury seed Apod signature required when remitating) Superation typed or professional work for a resolutional and the strapping for ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1.1 TITLE TITLE D CR2E034 1.2 NAME NAME **BOOTH, PATRICK** L3 STREET ADDRESS STREET ADDRESS 1812 EDGEWATER DR. 1.4 CiTy - S1 - ZIP CITY - ST - 2IP BOYNTON BEACH FL 33436 Change Ad Mon DELETE 2 1 1111.6 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CHY - ST-ZIP CITY - ST - ZIF Change Addition DELETE 3.1 DILE TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - ST-ZIP Change Addition DELETE 4 1 TiTLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY - ST - ZIP CITY-SI-ZIP Change Addition DELETE 51 10116 T:TLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 O1Y - ST - ZIP CITY-S1-ZIP Change Addition DELETE 6 I TILLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CiTY - \$1 - 712

14. Too hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 of sec or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 of changes, or on an attachment with an address

PROJECT 7-29-96