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

Mailing Address

AND MIGH BOINT INDIVE STE 976

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

AND LIKELL DOUGT DONIE STE STE



FLORIDA DEPARTMENT OF STATE

FILED

Mar 11 1997 8:00am

Secretary of State

636-1247

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000080696 (4)

CAPITAL ACQUISITIONS CORPORATION

COCOA FL 32926		COCOA FL 32826-8630				
					3. Date Incorporated or Qualified 10/16/1995	3a. Date of Last Report 04/24/1996
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26			APPLIED FOR 59-33	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	1	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Ζφ [1]	Country	Zip	Count	У	8. This corporation has liability for i	ntangible tax under s. 199.032, Yes \text{ \text{ \text{ No}}} No
24	25 9. Name and Address of Curre	29 nt Registered Agent	30	·····	Florida Statutes 10. Name and Address of New Re	
AND			8	Name	to. Name and Addition of Steff (10	Justine Agent
ANDERSEN, ROBERT E JR. 400 HIGH POINT DRIVE STE 375						
	OA FL 32926		8:	2 Street Address (P.O. Box Number is Not Acceptable)		
000	ONT E OLDEO		8:			
			8	City		FL 85 Zip Code
11. Pursuant toffice or magent. Fail	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 607,0505, Fl	authorized t lorida Statuti	y the corp es.	corporation submits this statement for the p poration's board of directors. I hereby accep	ourpose of changing its registered of the appointment as registered
12,	Sign to mit typical or per test name of registered ag	ent and tibe if applicable (NOT ID DIRECTORS	TE: Registered A	gent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
Titl	PD	DIRECTORS DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	ANDERSEN, ROBERT E JR.		1.2 NAME		AGO UTOU DOTUE DETU	
STREET ADORESS CITY: ST-ZIP	7190 NO. US STE 1 APT. 202 COCOA FL		1.3 STREI 1.4 City	T ADDRESS	400 HIGH POINT DRIV	E, SIE 300
Title		DELETE	21 TITLE	31- CIP	000011, 12 02,20	Change Addition
NAME		<u></u>	2.2 NAM6			- Change
STREET ADDRESS			1	T ADDRESS		
CITY ST ZIP			2. 4 CITY			*** <u>*</u>
TITLE		DELETE	3 1 TITLE	***************************************		Change Addition
NAME			3.2 NAME			
\$TREET ADDRESS			3.3 STRE	T ADDRESS		
CHY \$1-74°			3.4. CITY	-ST-ZIP		
TillE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM			
STREET ADDRESS			4.3 STRE	T ADDRESS	·	
CITY-ST 7/F		T butter	4.4 CITY			
T ILE		☐- DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CHY SI-ZIF TITLE		DELETE	5.4 CITY - 6.1 TITLE	51-ZIP		Change Addition
NAME		- Petert	6.2 NAME			El oriende El vironitott
STREET ADORESS				T ADDRESS		
CHY-SI-ZIF			6.4 CITY			
14. I do heret	by certify that the information supplie	d with this filing does not quali	ify for the ex	emption s	l tated in Section 119.07(3)(i), Florida Statute	s. I further certify that the
Informatio	n indicated on this annow report or :	supplemental annual report is t	true and ao	urate and	I that my signature shall have the same lega report as required by Chapter 607, Florida S	Leffect as if made under path, that