

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



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

DOCUMENT # P95000081225 (1)

1. Corporation Name

CAPSTONE PARTNERS, INC.



Principal Place of Business

Mailing Address

121 SPRING CHASE CIRCLE
ALTAMONTE SPRINGS FL 32714

121 SPRING CHASE CIRCLE
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified

10/23/1995

3a. Date of Last Report

10/23/95

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

10. Name and Address of New Registered Agent

~~THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD~~
~~649 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

81 Name DAVID A. OSTLIE
82 Street Address (P.O. Box Number is Not Acceptable)
378 WHOOPIING LOOP #1222
83
84 Altamonte Springs FL 85 Zip Code 32701

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

DAVID A. OSTLIE

Signature type for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

7/30/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME OSTLIE, DAVID A
STREET ADDRESS 121 SPRING CHASE CIRCLE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE VD
NAME RIGG, WILLIAM B
STREET ADDRESS 121 SPRING CHASE CIRCLE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE SD
NAME OSTLIE, JEFFREY D
STREET ADDRESS 121 SPRING CHASE CIRCLE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE TD
NAME PERRY, JOHN
STREET ADDRESS 121 SPRING CHASE CIRCLE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 officer 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. OSTLIE

6/15/96

407-834-8622

DATE OF FILING
7/30/96

CR2E034 (3/96)