

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

Jun 02 1997 8:00 am
Secretary of State

DOCUMENT # P96000012794 (9)

1. Corporation Name

CAPITAL ASSET EQUITY CORPORATION

TALLAHASSEE, FLORIDA



Principal Place of Business

1700 PALM BEACH LAKES BLVD., SUITE 1100
WEST PALM BEACH FL 33401

Mailing Address

1700 PALM BEACH LAKES BLVD., SUITE 1100
WEST PALM BEACH FL 33401-2008

3. Date Incorporated or Qualified
02/02/1996

3a. Date of Last Report

4. FEI Number

65-0652194

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

TREADWELL, KENNETH A
500 SOUTH AUSTRALIAN AVE., 10TH FLOOR
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
CR Corporation System
82 Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd.
83
84 Plantation
85 Zip Code
FL 33324

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 Mary R. Adams Mary R. Adams/WR 6/14/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HEITMEYER, RICHARD
1700 PALM BEACH LAKES BLVD., SUITE 1100
WEST PALM BEACH FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

TITLE
NAME
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DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Joseph Whelan
1700 Palm Bch Lakes #1100
W Palm Bch FL 33401

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
SIV
John E Ramsey
3414 Palm Bch Lakes #1100
West Palm Bch, FL 33401

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Donald Greenham
1700 Palm Bch Lakes #1100
West Palm Bch, FL 33401

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
300002204599-12
-06/06/97-01085-013
****165.00 ****165.00

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
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 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.

SIGNATURE Mary R. Adams Mary R. Adams/WR 6/14/97 661-689 97

CR2E034 (9/96)