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

PROFIT CORPORATION ANNUAL REPORT **1997** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 12 1997 8:00am Secretary of State

DOCUMENT # P96  1. Corporation Name  CAPSTONE INDUSTRIES, IN		
Principal Place of Business	Mailing Address	1 1902/1001 313 IDNIO DINI DENI BBAN DANA BARAN 1765) :
7185 MONTRICO DRIVE	7185 MONTRICO DRIVE	

Principal Place of Business Mailing Address					(	10 <b>00</b> 181 <b>0199</b>	i redin audu de desa	18      18	
7185 MONTRICO DRIVE 7185 MONTRICO DRIVE BOCA RATON FL 33433 BOCA RATON FL 33433-692									
						3. Date Incorporated or Qualified 05/15/1996	3a. D	ate of Last R	leport
	lace of Business	2a. Mailing Address		***************************************	***************************************	4. FFI Number 066 970	2-		oplied For
Suite, Apt.	# elc	Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	, 25-00p 1.7 C			ot Applicable Additional
22	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	27				5. Certificate of Status Desired			equired
City & State	9	City & State				6. Election Campaign Financing			May Be
23	Constru	28	1 00			Trust Fund Contribution			to Fees
Zip	Country 25	21p	Zip Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
<u> </u>	g. Name and Address of Curre		1901			10. Name and Address of New R			<del></del>
WΔI	LACH, STEWART			81	Name				
	5 MONTRICO DRIVE			82	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
BOC	CA RATON FL 33433								
				83					
				84	City		FL	85 Zip (	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida S	tatutes, the al	DOVE-I	named corpo	ration submits this statement for the			ts registered
office or n agent. I a	egistered agent, or both, in the Stal m familiar with, and accept the obli	te of Florida. Such change v gations of, Section 607.0506	vas authorize 5, Florida Stat	d by ti ates.	he corporation	ration submits this statement for the on's board of directors. I hereby acce	pt the app	pointment as	registered
SIGNATURE									
	Signature typed or printed name of registered a			d Agent	signature required	when reinstating)	DATE		
12.	D OFFICERS A	ND DIRECTORS  DELETE	13.	Ti F		ADDITIONS/CHANGES TO OFFI	CERS ANI	Change	Addition
NAME	WALLACH, STEWART	<u></u>	1.2 N						
STREET ADDRESS	7185 MONTRICO DRIVE		1.3 \$1	REET AL	DORESS				
City-St-ZIP	BOCA RATON FL 33433		1,4 CI	TY-ST-	ZIP	•	1		
TITLE	D	☐ DELETE	2.1 Tr	TLE				Change	☐ Addition
NAME	HILTON, HERBERT A		2.2 N/	AME					
STREET ADDRESS	2816 NE 25TH COURT		2.3 \$1	reet al	DORESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	DELETE		ITY-ST-	- ZIP			Channe	Addition
TITLE NAME		וויין טנוננונ	3.1 TI 3.2 N			İ		Change	Addition
STREET ADDRESS				ame Ireet al	nneese				
CITY - ST - ZIP				ITY-ST-					
TITLE		☐ DELETE						☐ Change	Addition
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 \$1	ireet al	DORESS				
CITY-ST-ZIP				TY-ST-	ZIP				
TITLE		☐ DELETE	5.1 TI	TLE				Change	Addition
NAME			5.2 N/						
STREET ADDRESS				ireet ai	l				
CiTY+ST-ZIP		DEVETE		TY-51-	ZIP			Chana	Addisor
TITLE		☐ DELETE	1					Change	Addition
NAME PTOTET ADDOTES			6.2 N/		nnaree	•			
STREET ADDRESS			1	IREET AL		•			
CITY-ST-ZIP		·····	6.4 C	TY-51-	ZIP'				

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 in changed, or or an attachment with an address.

SIGNATURE:

STEWART LA STEWART LA

1-27-

561-338-5229

Daytime Phone #