

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000044958 (2)
1. Corporation Name
CAPITAL AMERICA FINANCIAL SERVICES, INC.



Principal Place of Business
110 S LAKEWOOD DR
B2-U5
BRANDON FL 33510-4029
US

Mailing Address
PO BOX 2802
BRANDON FL 33509-2802
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/28/1996	
21 12909 N. 56TH ST	26 12909 N 56TH ST	4. FEI Number 59-3381612		Applied For Not Applicable	
22 Suite, Apt. #, etc. 104	27 Suite, Apt. #, etc. 104	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State Temple Terrace FL	28 City & State Temple Terrace FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 33617	29 Country Hillsborough	30 Zip 33617		Country Hillsborough	

9. Name and Address of Current Registered Agent

MIDKIFF, LEE D
110 S LAKEWOOD DR
B2-U5
BRANDON FL 33510

10. Name and Address of New Registered Agent

81 Name
Edward A. Nichols
82 Street Address (P.O. Box Number is Not Acceptable)
12909 N. 56TH ST SUITE 104
83
84 City
Temple Terrace FL 85 Zip Code
33617

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 Edward A. Nichols Edward A. Nichols DATE 4-10-98
Signature: typed or printed name of registered agent and date of appointment (if not, registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MIDKIFF, LEE D 110 S LAKEWOOD DR, B2-U5 BRANDON FL DELET	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRES. Edward A. Nichols DIRECTOR 4715 W. Euclid Ave TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NICHOLS, LG 110 S LAKEWOOD DR, B2-U5 BRANDON FL DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	NO OTHERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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: Edward A. Nichols Edward A. Nichols DATE 4-10-98

CR2E034 (10/97)