

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

FILED  
Mar 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000046895 (4)**

1. Corporation Name  
**CAPHEXIS, INC.**



Principal Place of Business <b>900 WEST LINTON BLVD. #200 DELRAY BEACH FL 33444</b>	Mailing Address <b>900 WEST LINTON BLVD. #200 DELRAY BEACH FL 33444</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 8437 S. CORAL CIRCLE</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 8437 So CORAL CIR</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>06/01/1996</b>	
22 City & State <b>N. LAUDERDALE FL</b>		27 City & State <b>N. LAUDERDALE FL</b>		4. FEI Number <b>65-0677416</b> Applied For <input type="checkbox"/> Not Applicable	
23 Zip <b>33068</b>		28 Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>33068</b>		25 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
29 <b>33068</b>		30 <b>USA</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

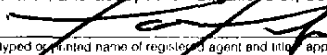
9. Name and Address of Current Registered Agent

**ARLEN, ROBERT M  
1501 CORPORATE DRIVE #200  
BOYNTON BEACH FL 33426**

10. Name and Address of New Registered Agent

81 Name <b>PAUL PRESTON</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>8437 S. CORAL CIRCLE</b>
83
84 City <b>N. LAUDERDALE</b>
85 Zip Code <b>FL 33068</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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  **REGISTERED AGENT: PAUL PRESTON** **3-12-98**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>VP-D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>THOMPSON, ANNE</b>		1.2 NAME <b>PAUL PRESTON</b>	
STREET ADDRESS <b>18292 181 CIRCLE SOUTH</b>		1.3 STREET ADDRESS <b>8437 So. CORAL CIRCLE</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33498</b>		1.4 CITY-ST-ZIP <b>N. LAUDERDALE, FL, 33068</b>	
TITLE <b>STD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>THOMPSON, DANIEL E</b>		2.2 NAME	
STREET ADDRESS <b>18292 181 CIRCLE SOUTH</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL 33498</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  **RA /VP/D** **3-12-98 954-722-0191**

CR2E034 (10/97)