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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P96000058852 (0)

CAPITAL ENTERPRISES OF N.E. FLORIDA, INC.

FILED May 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					I IDENIES HE WILL OUR DEM SOM GOLD GOLD	11181 18181 18181 BIII	i de ingressage
2422 BAIRD CT. 2422 BAIRD CT.							
MIDDLEBURG FL \$2068		MIDDLEBURG FL 32068		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
					07/15/1996		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-3390973	No	t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27			5. Certificate of Status Desired	Fee Re	quired
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zφ	Cour	ntry	This corporation owes or has paid the example.		
24	25	29	30		Personal Property Tax due June 30. 10. Name and Address of New Registers		No
	9. Name and Address of Curr	ent Registered Agent		81 Name	10. Name and Address of New Hegistere	d Agent	
	EN, LISA C		Į.	OI Name			
	22 BAIRD CT.		1	82 Street A	Address (P.O. Box Number is Not Acceptable)		
MR.	DDLEBURG FL 32068		-	83			
[03			
				84 City		85 Zip (Code
	10.10.007.6	COD and COT 46 OD Fleete Oral	ulan tha ab	aus pomad	The second secon	al abanaina it	re registered
office or re	to the provisions of Sections 607.0 e gister ed agent, or both, in the Sta	ato of Florida, Such change wa	s authorized	by the corp	corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	ppointment as	registered
gent. La:	m familiar with, and accept the ob	ligations of, Section 607.0505,	Florida Statı	ites.			1
SIGNATURE	Stgnature, typed or printed name of registrical	And the desired by the second of the second	Cill. Posiclared	Angot signatura	required when reinstating) DATE	:	
12.		AND DIRLCTORS	13.	Agent signalora	ADDITIONS/CHANGES TO OFFICERS A		S IN 12
TITLE	D	☐ DELETE	1.1 TiT	LE	ABBITTOTTO, OF INTEGER TO OT FIGURE	Change	☐ Addition
NAME	ÄLLEN, VERNON W		1.2 NA	ME			- 13
STREET ADDRESS	2422 BAIRD CT.		1.3 ST	REET ADDRESS]}
CITY-ST-ZIP	MIDDLEBURG FL 32068			Y-ST-ZIP			
TITLE		DELETE	2.1 10			Change	Addition
NAME			2 2 NA	MÉ			
STREET ADDRESS			2.3 ST	reet address			
CITY-ST-ZIP			2. 4 Cf	TY-ST-ZIP			
TITLE		☐ DELETE	3.1] [Change	☐ Addition
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 STI	REET ADDRESS			j
CITY-ST-ZIP			3.4. CI	TY-ST-ZIP			
TITLE		DELETE	4.1 TII	-		Change	Addition
NAME			4. 2 N/	IME			
STREET ADDRESS			4.3 STI	REET ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP	<u> </u>		
TITLE		☐ DELETE	5.1 TIT	LE		Change	Addition
NAME			5.2 NA	ME			1
STREET ADDRESS			5.3 STI	REET ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	6.1 TIT	LE		Change	Addition
.NAME			6.2 NA	ME			
STREET ADDRESS			6.3 STI	REET ADDRESS			
CITY-ST-ZIP			6.4 CIT	Y-S1-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.