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

**PROFIT** CORPORATION ANNUAL REPORT

1997

CHY-SI-7P

appears in Block 12 or Block



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 05 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000069630 (7)

CAPSTONE ENGINEERING, INC.

Mailing Address Principal Place of Business 9835 NW 5TH PLACE 9835 NW 5TH PLACE PLANTATION FL 33324-7041 PLANTATION FL 33324 3. Date Incorporated or Qualified 3a. Date of Last Report 08/19/1996 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 65-0692039 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 Crty & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Ζφ Country 8. This corporation has liability for intangible tax under s. 199.032. Yes 🔲 No 30 Florida Statutes 24 25 28 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WESTMARK, BARRY 9835 NW 5TH PLACE 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE Mul WESTMARK, BARRY PE WESTMARK, 12 NAME BARRY D NAME 9835 NW 5TH PLACE 1.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL 33324** 1.4 CITY-ST-ZIP CITY - ST - ZIE Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - \$1 - 7/P Addition Change DELETE 3.1 TITLE THE 3.2 NAME NAM: 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP OTY-ST-7P DELETE Change ☐ Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-5\*-71P DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP CITY - ST- 2IP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information inocated 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

3 if changed, or on an attachment with an address