

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90070 005 ***150.00

DOCUMENT # P96000096906

1. Corporation Name

CAPITAL PRESERVATION GROUP, INC.

Principal Place of Business

6372 NW 25TH WAY
BOCA RATON FL 33496

Mailing Address

6372 NW 25TH WAY
BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1996

4. FEI Number

65-0711985

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 5425 TENTH FAIRWAY DR.

2a. Mailing Address

26 5425 TENTH FAIRWAY DR.

Suite, Apt. #, etc.

22 #3

Suite, Apt. #, etc.

27 #3

City & State

23 DELRAY BEACH FL

City & State

28 DELRAY BEACH FL

Zip

24 33484

Country

25 USA

Zip

29 33484

Country

30 USA

9. Name and Address of Current Registered Agent

KADIN, FRED M
6372 NW 25TH WAY
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name

KADIN, FRED M

82 Street Address (P.O. Box Number is Not Acceptable)

5425 TENTH FAIRWAY DRIVE

83

#3

84 City

DELRAY BEACH

FL

85 Zip Code

33484

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME KADIN, FRED M
STREET ADDRESS 6372 NW 25TH WAY
CITY-ST-ZIP BOCA RATON FL

TITLE VPT ☐ DELETE

NAME KADIN, CHRISTINE
STREET ADDRESS 6372 NW 25TH WAY
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS ☒ Change ☐ Addition

1.2 NAME KADIN, FRED M
1.3 STREET ADDRESS 5425 TENTH FAIRWAY DR #3
1.4 CITY-ST-ZIP DELRAY BEACH FL 33484

2.1 TITLE VPT ☒ Change ☐ Addition

2.2 NAME KADIN, CHRISTINE
2.3 STREET ADDRESS 5425 TENTH FAIRWAY DR #3
2.4 CITY-ST-ZIP DELRAY BEACH FL 33484

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 its 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 attachment with an address, with all other like empowered.

SIGNATURE:

CHRISTINE KADIN

4/28/99 (561) 638 9337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)