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FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000030573 (4)

1. Corporation Name

CAPITAL ACCESS BUREAU, INC.



Principal Place of Business

225 S WESTMONTE DRIVE
SUITE 1170
ALTAMONTE SPRINGS FL 32714

Mailing Address

225 S WESTMONTE DRIVE
SUITE 1170
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1997

4. FEI Number

59-3437732

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 or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 498 PALM SPRING DRIVE

Suite, Apt. #, etc.

22 SUITE #100

City & State

23 ALTAMONTE SPRINGS, FL

Zip

24 32701

Country

25 FLORIDA

2a. Mailing Address

26 498 PALM SPRING DRIVE

Suite, Apt. #, etc.

27 SUITE #100

City & State

28 ALTAMONTE SPRINGS, FL

Zip

29 32701

Country

30 FLORIDA

9. Name and Address of Current Registered Agent

ROBINSON, DAVID S
1276 BLUEBERRY COURT
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature of person or persons registered agent and title of applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ROBINSON, DAVID
STREET ADDRESS 1276N BLUEBERRY COURT
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE D
NAME FRANCIS, BRUCE L
STREET ADDRESS 5135 FAYANN STREET
CITY-ST-ZIP ORLANDO FL 32812

TITLE D
NAME GAGNE, RICHARD L
STREET ADDRESS 6220 N SHERMAN DRIVE
CITY-ST-ZIP INDIANAPOLIS IN 46220

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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

CR2E034 (10/97)