

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000054684 (0)
 1. Corporation Name
W.I. CAPPS, M.D., INC.



Principal Place of Business 991 SW 40TH AVE SUITE G-3 BOX 56 PLANTATION FL 33317	Mailing Address 991 SW 40TH AVE SUITE G-3 BOX 56 PLANTATION FL 33317
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 991 SW 40TH AVE Suite, Apt. #, etc. 22 G-3 City & State 23 PLANTATION FL	2a. Mailing Address 26 P.O. BOX 21745 Suite, Apt. #, etc. 27 City & State 28 FT. LAUDERDALE FL
Zip 24 33317	Country 25 USA
Zip 29 33335	Country 30 USA

3. Date Incorporated or Qualified 06/20/1997	
4. FEI Number 65-0778427	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
**CAPPS, WILLIAM I
 991 SW 40TH AVE
 SUITE G-3 BOX 56
 PLANTATION FL 33317**

10. Name and Address of New Registered Agent

81 Name CAPPS, CHRISTINE M.	
82 Street Address (P.O. Box Number is Not Acceptable) 991 SW 40TH AVE	
83 G-3	
84 City PLANTATION	85 Zip Code FL 33317

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 William I. Capps, M.D. **PRESIDENT-WILLIAM I. CAPPS M.D.** **04-14-98**
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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TREASURER
1.3 STREET ADDRESS	CHRISTINE M. CAPPS
1.4 CITY - ST - ZIP	991 SW. 40 AVE, G-3
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SECRETARY
2.3 STREET ADDRESS	CHRISTINE M. CAPPS
2.4 CITY - ST - ZIP	991 SW. 40 AVE., G-3
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: William I. Capps **WILLIAM I. CAPPS** **1/01/98** **954-587-0035**

CR2E034 (10/97)