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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90091 023 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P97000054684

1. Corporation Name
W.I. CAPPS, M.D., INC.



Principal Place of Business
 991 SW 40TH AVE
 PLANTATION FL 33317
 US

Mailing Address
 P O BOX 21745
 SUITE G-3 BOX 56
 FT LAUDERDALE FL 33335
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **745 EAST DAYTON CIRCLE**

2a. Mailing Address
 26 **P.O. BOX 21745**

22 Suite, Apt. #, etc.

23 **FT. LAUDERDALE, FL**

24 **33312** 25 **USA**

27 Suite, Apt. #, etc.

28 **FT. LAUDERDALE FL**

29 **33335** 30 **USA**

3. Date Incorporated or Qualified
06/20/1997

4. FEI Number
65-0778427

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

9. Name and Address of Current Registered Agent
CAPPS, WILLIAM <
991 SW 40TH AVE
G-3
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name **WILLIAM CAPPS**

82 Street Address (P.O. Box Number is Not Acceptable)
745 E. DAYTON CIRCLE

83

84 City **FT. LAUDERDALE** FL 85 Zip Code **33312**

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 J. Capps* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

T DELETE
 NAME **CAPPS, CHRISTINE M**
 STREET ADDRESS **991 SW 40 AVE G3**
 CITY-ST-ZIP **PLANTATION FL 33317**

S DELETE
 NAME **CAPPS, CHRISTINE M**
 STREET ADDRESS **991 SW 40 AVE**
 CITY-ST-ZIP **PLANTATION FL 33317**

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS **745 EAST DAYTON CIRCLE**

1.4 CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS **745 EAST DAYTON CIRCLE**

2.4 CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

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 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, with all other like empowered.

SIGNATURE: *William J. Capps* SIGNATURE REQUIRED **04-08-99** **954.327.3093**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)