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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000055375 (4)

CAPITAL TRADING, INC.

FILED Apr 23 1998 8:00am Secretary of State



rmiciparriac	e or Business	Maining Addres	55			
4047 OKEECHOBEE BLVD SUITE 119 WEST PALM BEACH FL 33409		4047 OKEECHOBEE BLVD., SUITE 119 WEST PALM BEACH FL 33409)	
i						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						06/23/1997
	lace of Business	2a. Mailing Address				4. FEI Number / / / Applied For
21		26				Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			·	\$8.75 Additional
22		27	27			5. Certificate of Status Desired Fee Required
City & State			City & State			6. Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution
Zip	Country	Zip		Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30	•		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr		[00]	T		10. Name and Address of New Registered Agent
Lili	RSOH, EUGENE B			81	Name	
		E 110				
4047 OKEECHOBEE BLVD., SUITE 119				82 Street Address (P.O. Box Number is Not Acceptable)		
WE	EST PALM BEACH FL 33409			-		
				83		
				84	City	85 Zip Code
					,	FL 3 2 5 5 6 6 6 6 6 6 6 6
11, Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Flor	ida Statutes, tr	ne above	-named	d 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	Signature, typed or printed name of registered a	igent and title if applicable	(NOTE Reg	istereo Ago	nt signaturi	e required when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		ELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Hirsch, Eugene B		- 1	1.2 NAME		
STREET ADDRESS	4047 OKEECHOBEE BLVD.	SUITE 119	- 1	1.3 STREET	ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33		1.4 CITY-ST-ZIP			
TITLE				2.1 TITLE	1-21	☐ Change ☐ Addition
NAME		-		2.2 NAME		
				-	*000000	
STREET ADDRESS				2.3 STREET		!
CITY-ST-ZIP				2. 4 CITY - S	ST - ZIP	
TITLE		LI		3.1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET	ADDRESS	
CITY-ST-ZIP				3.4. CITY - S	T-ZIP	
TITLE			DELETE	4.1 TITLE		Change Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET	ADDRESS	
CITY-ST-ZIP				4.4 CITY-S		
TITLE				5.1 TITLE		Change Addition
NAME		,,,,,,		5.2 NAME		1
STREET ADDRESS					ADDDCCC	1) (4/23
				5.3 STREET		
CITY-ST-ZIP				5.4 CITY - ST	I - ZIP	
TITLE				6.1 TITLE		Addition
NAME			<u> </u>	6.2 NAME		-04/24/9801019020
STREET ADDRESS				6.3 STREET	ADDRESS	***150.08
CITY-ST-ZIP				6.4 CITY - ST	T- ZIP	

14. Thereby 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 indicated on this annual report or supplience 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. 1/15/08