

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S52178** (8)

1. Corporation Name

CAPITAL ASSET, INC.

APPROVED
AND
FILED

05 MAY -1 11 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1555 PALM BEACH LAKES BLVD
#1006
WEST PALM BEACH FL 33401**

Mailing Address

**1555 PALM BEACH LAKES BLVD
#1006
WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date incorporated (or Qualified)	3a. Date of Last Report
05/14/1991	08/17/1994
4. FET Number	Applied For Not Applicable
22-3158569	
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 has liable for franchise tax under § 109(3)(b) Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
State, Apt. # etc.	State, Apt. # etc.
22	27
City & State	City & State
23	28
City & State	City & State
24	29
City & State	City & State
25	30
City & State	City & State

9. Name and Address of Current Registered Agent

**SHELTON, GILBERT S.
1444 PALM BEACH LAKES BOULEVARD
SUITE 1006
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

1555 Palm Beach Lakes Blvd.

11. Pursuant to the provisions of Sections 607.01(1)(b) and 607.01(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the place designated 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 authorized to accept the stipulations of Sections 607.01(1)(b), Florida Statutes.

SIGNATURE

12. OFFICER, ANY DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	NAME	NAME	Change Addition
DP	HEITMEYER, RICHARD		
NAME	1555 PALM BEACH LAKES BLVD., SUITE 1006		
STREET ADDRESS	WEST PALM BEACH FL		
CITY & STATE			
OFFICER	DS		
NAME	SHELTON, GILBERT		
STREET ADDRESS	1555 PALM BEACH LAKES BLVD., SUITE 1006		
CITY & STATE	WEST PALM BEACH FL		
OFFICER			
NAME			
STREET ADDRESS			
CITY & STATE			
OFFICER			
NAME			
STREET ADDRESS			
CITY & STATE			
OFFICER			
NAME			
STREET ADDRESS			
CITY & STATE			
OFFICER			
NAME			
STREET ADDRESS			
CITY & STATE			
OFFICER			
NAME			
STREET ADDRESS			
CITY & STATE			

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and checked and equally for the exceptions stated in the last 1000 words of the Florida Statutes. I further certify that the information indicated on this annual report for 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 owner of the corporation or its agent for the purpose of this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of the foregoing or on an attachment with an address.

SIGNATURE:

G. Shelton SECRETARY

4/29/95

407-689-9700