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FILED
May 15 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 # **M42728 (9)**
 1. Corporation Name
CAPCO CONSTRUCTION CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1700 NE 63RD CT. FT. LAUDERDALE FL 33334**
 Mailing Address: **6027 FARRINGTON AVE. ALEXANDRIA VA 22304**

3. Date Incorporated or Qualified: **12/03/1986**
 4. FEI Number: **59-2772060**
 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 15433 Farm Creek Dr. Woodbridge VA 22191**
 2a. Mailing Address: **26 15433 Farm Creek Dr. Woodbridge VA 22191**
 22. City & State: **Woodbridge VA**
 23. Zip: **22191**
 25. US

9. Name and Address of Current Registered Agent: **NEWMARK, ALAN 1700 NE 63RD CT. FT. LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent: **81 Name: Annette Caporella 82 Street Address (P.O. Box Number is Not Acceptable): 2085 N. University Dr. 83 City: Sunrise FL 85 Zip Code: 33322**

11. Pursuant to the provisions of Sections 607.07(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE: **Annette Caporella** DATE: **4/29/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPORELLA, ROBERT D.	1.2 NAME	
STREET ADDRESS	8103 BEECH TREE DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	ALEXANDRIA VA	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: **Robert Dean Caporella** DATE: **4/28/98** 703-490-1586

CR2E034 (10/97)