

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **389606** (5)

1. Corporation Name
JEFFERSON CAPITAL CORP.



Principal Place of Business: **301 ARTHUR GODFREY RD. MIAMI BEACH FL 33140**
Mailing Address: **301 ARTHUR GODFREY RD. MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified: **10/13/1971**
3a. Date of Last Report: **02/27/1995**

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

4. FEI Number: **59-1368870**
Applied For: Not Applicable

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 liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIPSITZ, MARC
301-41 ST
MIAMI BEACH FL 33140**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

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: _____ (NOTE: Registered Agent Signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	COURSHON, ARTHUR H	
STREET ADDRESS	301 41ST STREET, MIAMI BEACH FL	
CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GLEASON, JAMES	
STREET ADDRESS	301 41ST STREET MIAMI BEACH FL	
CITY - ST - ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BENES, BERNARDO	
STREET ADDRESS	301 41ST STREET MIAMI BEACH FL	
CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZAFAR, SYED	
STREET ADDRESS	301 41ST STREET MIAMI BEACH FL	
CITY - ST - ZIP		
TITLE	SGC	<input type="checkbox"/> DELETE
NAME	LIPSITZ, MARC	
STREET ADDRESS	301 41ST STREET MIAMI BEACH FL	
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 637, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Syed Zafar* **SYED ZAFAR** DIRECTOR 4.10.96 (305) 532-6452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)