

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **598450** (5)

1. Corporation Name
HOLDING CAPITAL GROUP INC.

Principal Place of Business Mailing Address
104 CRANDON BLVD **104 CRANDON BLVD**
KEY BISCAYNE FL 33149 **SUITE #419**
US **KEY BISCAYNE FL 33149**
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/26/1978** 3a. Date of Last Report **04/27/1994**

| | | | | | | | |
|---|--|------------------------|--|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 13-2964405 | | Not Applicable | |
| 22 Suite, Apt. #, etc. Suite 419 | | 27 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 City & State | | 28 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Zip | | 29 Zip | | 30 Country | | 6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| GALAN, MARIA J. 104 CRANDON BLVD #419 KEY BISCAYNE FL 33149 | | | | 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 re-registering) DATE _____

| 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 | DONAGHY, JAMES W | 1.2 NAME | |
| STREET ADDRESS | 104 CRANDON BLVD #419 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | KEY BISCAYNE FL | 1.4 CITY - ST - ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HEALY, TIMOTHY F. | 2.2 NAME | |
| STREET ADDRESS | 171 ACCABONAC RD | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | EAST HAMPTON NY | 2.4 CITY - ST - ZIP | |
| TITLE | AS | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DENS, LYNNE | 3.2 NAME | |
| STREET ADDRESS | 685 FIFTH AVE - 14TH FL | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | NEW YORK NY | 3.4 CITY - ST - ZIP | |
| TITLE | S | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEISCHNER, STEVEN | 4.2 NAME | |
| STREET ADDRESS | 1970 DOGWOOD DR. | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | WESTFIELD NJ | 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 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 furnished 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 its 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 in an attachment with my address.

SIGNATURE: *James W. Donaghy* President Date: **4/25/95** (305) 361-8864