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



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1996		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
DOCUM 1. Cerporation N	MENT # 599	791	(1)				
•	MERCIAL CAPITAL INVE	estments, in	C.				
Principal Place of Business Mailing A			ddress			0101 1131 01011 01011 01011 1 	TEAL MEDIS MINIT INNI
2730 SW 3RD AVE. SUITE 800			SW 3RD AVE. E 800				
MIAMI FL 33	3129-9237	MIAM	i FL 33129-9237		3. Date Incorporated or Qualified	3a. Date of Last F	
2. Principal Plac	ce of Business	2a. Mail:no	n Address		02/09/1979 4. FEI Number	03/20/	1995 Applied For
21		26			59-1888384		Not Applicable
Suite, Apt. #, 22]	, etc.	Suite,	Apt. #, etc.		5. Certificate of Status Desired	1 1	5 Additional Required
City & State		City &	State		6. Election Campaign Financing	\$5.0	00 May Be
23 Zip	Country	28 Ζρ		Country	Trust Fund Contribution 8. This corporation has liability for		od to Fees
24	25 Cottinuy	29		30	Florida Statutes	s □No	199.032,
	9. Name and Address of C	urrent Registered A	sgent	81 Name	10. Name and Address of New I	Registered Agent	
WENNE	erstrom, Britt				Address (P.O. Box Number is Not Accepta	blo)	
FORCENERGY CENTER					Audress (r.o. box norhoer is not Accepta		
	W 3RD AVE STE.800			83			
MIAMI	FL 33129			84 City		FL 85 Z	ip Code
SIGNATURE	ligratine, typical or printed name of registeric	d agent and title d applicable		Bagistered Agent signature re		DATE	
12. 1016	OFFICER:	S AND DIRECTORS	DELETE	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	ORS IN 12
NAME	WENNERSTROM, STIG			12 NAME			ORS IN 12 Addition Addition
STREET ADDRESS	2730 SW 3RD AVE., #	800		13 STREET ADDRESS			Ĭ,
00Y S7 ZP2 10MF	MIAMI FL		DELETE	2 1 TITLE		☐ Change	Addition
NAME			_	2 2 NAME			
STEEL LADDRESS				2.3 STREET ADDRESS			
COTY - ST - ZIP] TOLEF	and the second second		DELETE	2.4 CITY-ST-ZIP 3. 1 TITLE		☐ Change	Addition
NAME				3 2 NAME			
STREET ADDRESS				3.3 STREET ADORESS			
City SE-ZiF Titus			DELETE	3.4 CHY-ST-ZIP 4. 1 TITLE		☐ Change	Addition
NAM!				4.2 NAME			
STREET ADDRESS				4.3 STHEET ADDRESS			
Celly - ST - ZIP THILE			DELETE	4.4 City-St-ZiP 5 1 Title		☐ Change	☐ Addition
NAME				5 2 NAME			
STREET ADDRESS				5 3 STREET ADDRESS			
017-87-78 101			DELETE	6 1 TITLE		Change	Addition
MAME			_	6 2 NAME			
STREET ADDRESS	٨		\bigcup	6 3 STREET ADDRESS			
Gity-St-ZiP 14. 1 do hereby	certify that the infolloation such	plied with this filing is	voluntarily furnis	6 4 CITY - \$1 - 21P shed and does not qua	alify for the exemption stated in Section 119	9.07(3)(k), Florida State	utes. I further
certify that ' oath; that t	the information indicated on this am an officer by director of the	s∖annual report or su	polemental annu deiver or trustee	al report is true and ac empowered to execut	curate and that my signature shall have the this report as required by Chapter 607, I	e same legal effect as	if made under
SIGNATI	URE: TON W		大	Stig Wenn	erstrom, President 30	5/856-8500	·

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytinie Prione #