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0542821

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE  
TARRIS  
State  
CORPORATIONS

FILED

00 MAR -7 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000759

1. Corporation Name  
COLE CAPITAL AND CONSULTING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
4445 ALPHA RD #110  
DALLAS TX 75244  
US

Mailing Address  
4445 ALPHA RD #110  
DALLAS TX 75244  
US

2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

12/18/1992

4. FEI Number

75-2455307

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSSO, JOSEPH F  
225 W FAIRBANKS AVE  
NEW FLORIDA MARKETS LTD  
WINTER PARK FL 32789

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSCD  DELETE

NAME COLE, C F

STREET ADDRESS 5310 HARVEST HILL RD, STE. 186 LB 153

CITY-ST-ZIP DALLAS TX

TITLE ST  DELETE

NAME COLE, MARY H

STREET ADDRESS 5310 HARVEST HILL RD., STE. 186 LB 153

CITY-ST-ZIP DALLAS TX

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

000003169980--4  
-03/14/00--01121--022  
\*\*\*\*150.00 \*\*\*\*150.00

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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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00

(Date)

9745031514

(Daytime Phone #)

CR2E034 (11/98)