## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400006503 (6)

HOLDING CAPITAL GROUP, INC. (CT)

## **FILED** May 01 1998 8:00am Secretary of State



| Principal Place  | of Business  | Mailing Address  |                   |  |  |  |                   |  |
|--|--|--|-------------------|--|--|--|-------------------|--|
| 104 CRANDON<br>KEY BISCAYNE  |  | 104 CRANDON BLVD #419<br>KEY BISCAYNE FL 33149         |                   |  |  |  |                   |  |
|  |  |  |                   |  | DO NOT WRITE IN THI  | S SPACE  |                   |  |
|  |  |  |                   |  | 3. Date Incorporated or Qualified  |  |                   |  |
| 2. Principal Pla   | as of Business   | On Markey Arders                                       |                   |  | 12/20/1994<br>4. FEI Number  | <del></del>  |                   |  |
|  | ice of Business  | 28. Mailing Address                                    |                   |  |  |  | pplied For        |  |
| 21   |  | 26   |                   |  | 06-1378816   | <del></del>  | lot Applicable    |  |
| Sulte, Apt. #, etc.  |  | Suite, Apt. #, etc.                                    |                   |  | 5. Certificate of Status Desired   | 5. Certificate of Status Desired Sa.75 Additional  |                   |  |
| City & State   |  | City P. Cityle   |                   |  |  | Fee Required   |                   |  |
| <b>—</b>   |  | City & State   |                   |  | 6. Election Campaign Financing \$5.00 May Be   |  |                   |  |
| <b>23</b> Zip  | Country  | 710  | Country           |  |  | Trust Fund Contribution  |                   |  |
|  | — ´  | Zip  | <del></del>       | у  |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |                   |  |
| 24 25 29 30<br>9. Name and Address of Current Registered Agent   |  |  |                   | 10. Name and Address of New Registered Agent |  |  |                   |  |
| GALAN, MARIA J 81 Name   |  |  |                   |  | 10. Haine and Address of New Registered Agent  |  |                   |  |
|  |  |  | 110/10            |  | ,  |  |                   |  |
|  | HOLDING CAPITAL GROUP  |  | 82 Street Addre   |  | t Address (P.O. Box Number is Not Acceptable)  |  |                   |  |
|  | CRANDON BLVD., #419  |  | 83                | ,  |  |  |                   |  |
| , KET  | BISCAYNE FL 33149  |  | l°5               | <b>'</b>                                     |  |  |                   |  |
| •  |  |  | 84                | City   | F  | <b>85</b> 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 _  |  |  |                   |  |  |  |                   |  |
| ŚI   | gnature, typed or prefer I name of registered as                           |  |                   | jent signatur                                | re-required when reinstating) DATE   |  |                   |  |
| 12.  |  | ND DIRECTORS   | 13.               |  | ADDITIONS/CHANGES TO OFFICERS A  |  |                   |  |
| TITLE  | PD HACKING HALES HA  | ☐ DELET <b>E</b>                                       | 1.1 TITLE         |  |  | L] Change  | Addition          |  |
| NAME   | DONAGHY, JAMES W   |  | 1.2 NAME          |  |  |  |                   |  |
| STREET ADDRESS   | 7 RIDGEWOOD DRIVE  |  | 1.3 STREET ADDRE  |  |  |  |                   |  |
| CITY-ST-ZIP  | BRIDGEWATER CT   |  | 1.4 CITY -        | ST - ZIP                                     |  |  |                   |  |
| TITLE  | 907  | DELETE   | 21 TITLE          |  | VS B   | Change   | ☐ Addition        |  |
| NAME   | LEISCHNER, STEVEN  |  | 2 2 NAME          |  |  |  |                   |  |
| STREET ADDRESS   | 1979 DOGWOOD DRIVE   |  | 23 STREET ADDRESS |  |  |  |                   |  |
| CITY-ST-ZIP  | WESTFIELD NJ   |  | 2 4 CiTY-         | ST-ZIP                                       |  |  |                   |  |
| TITLE  |  | ☐ DELET <b>e</b>                                       | 3 1 TITLE         |  | CD CA  | Change   | <b>▼</b> Addition |  |
| NAME   |  |  | 3.2 NAME          |  | Spencer, S.A.<br>251 Crandon Blvd., *164   |  |                   |  |
| STREET ADDRESS   |  |  | 3.3 STREE         | t address                                    | 251 Grandon Blva, 101  |  |                   |  |
| CITY-ST-ZIP  |  |  | 3.4. CITY -       | ST-ZIP                                       | Key Biscayne, FL   |  |                   |  |
| TITLE  |  | ☐ DELETE   | 4.1 TITLE         |  | A5'  | ☐ Change   | Addition          |  |
| NAME   |  |  | 4. 2 NAME         |  | Denis, Lynne<br>10 East 53rd Street, 30th Flo  |  |                   |  |
| STREET ADDRESS   |  |  | 4.3 STREE         | T ADDRESS                                    | 10 East 53" Street, 20" Pt   | 801  |                   |  |
| CITY-ST-ZIP  |  |  | 4.4 CITY-         | ST - ZIP                                     | New York, NY   |  |                   |  |
| TITLE  |  | ☐ DEL <b>ete</b>                                       | 5.1 TITLE         |  | AS .   | L Change   | <b>✓</b> Addition |  |
| NAME   |  |  | 5.2 NAME          |  | Cipully, Diane K.  |  |                   |  |
| STREET ADDRESS   |  |  | 5.3 STREE         | 1 Address                                    | 7 Ridgewood Drive  |  |                   |  |
| CITY-ST-ZIP  |  |  | 5.4 CITY-         | ST-ZIP                                       | Bridgewoter, CT  |  |                   |  |
| TITLE  |  | ☐ DELETE   | 6.1 TITLE         |  |  | Change   | Addition          |  |
| NAME   |  |  | 6.2 NAME          |  |  |  | 1                 |  |
| STREET ADDRESS   |  |  | 6.3 STREE         | T ADDRESS                                    |  |  |                   |  |
| CITY-ST-ZIP  |  | ····   | 6.4 CITY          |  |  |  |                   |  |
| 14. I hereby cer<br>indicated or   | rtify that the information supplied v                                      | with this filling does not qualify for                 | or the exemp      | otion state                                  | ted in Soction 119.07(3)(i), Florida Statutes. I further gnature shall have the same logal effect as if made is required by Chapter 607, Florida Statutes; and tha | certify that the   | information       |  |
| officer or di<br>Block 12 or   | rector of the corporation or the fed<br>Block 13 if changed, or or in atta | ceiver or tructee empowered on achment with an address | xecute this       | report as                                    | s required by Chapter 607, Florida Statutes; and tha   | it my name ap  | pears in          |  |