

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90136 014 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006503

1. Corporation Name
HOLDING CAPITAL GROUP, INC. (CT)



Principal Place of Business
**104 CRANDON BLVD., #419
KEY BISCAYNE FL 33149**

Mailing Address
**104 CRANDON BLVD., #419
KEY BISCAYNE FL 33149**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/20/1994

4. FEI Number

06-1378816

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

~~GILAN, MARIA J
C/O HOLDING CAPITAL GROUP
104 CRANDON BLVD., #419
KEY BISCAYNE FL 33149~~

10. Name and Address of New Registered Agent

81 Name **Myrna Soto**
82 Street Address P.O. Box Number is Not Applicable
104 Crandon Blvd.
83 **Room 419**
84 City **Key Biscayne** FL 85 Zip Code **33149**

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: **Myrna Soto**

4-23-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **DONAGHY, JAMES W**
STREET ADDRESS **7 RIDGEWOOD DRIVE**
CITY-STATE-ZIP **BRIDGEWATER CT**

TITLE **VS** ☐ DELETE
NAME **LEISCHNER, STEVEN**
STREET ADDRESS **1979 DOGWOOD DRIVE**
CITY-STATE-ZIP **WESTFIELD NJ**

TITLE **CD** ☐ DELETE
NAME **SPENCER, S.A.**
STREET ADDRESS **251 CRANDON BLVD 164**
CITY-STATE-ZIP **KEY BISCAYNE FL**

TITLE **AS** ☐ DELETE
NAME **LYNNE, DENIS**
STREET ADDRESS **10 EAST 53RD STREET 30TH FLOOR**
CITY-STATE-ZIP **NEW YORK NY**

TITLE **AS** ☐ DELETE
NAME **CIPULLY, DIANE R**
STREET ADDRESS **7 RIDGEWOOD DR**
CITY-STATE-ZIP **BRIDGEWATER CT**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP **Bridgewater, CT 06752**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP **Scotch Plains, NJ 07076**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP **Key Biscayne, FL 33149**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP **New York, NY 10022**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP **Bridgewater, CT 06752**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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 a different like empowered.

SIGNATURE: **Steven Leischner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99 (305) 361-8814

Date Daytime Phone #

CR2E034 (11/98)