

0060241

CR2E034 (11/98)

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000021622

1. Corporation Name
FLORIDA CAPITAL LAND CORPORATION



Principal Place of Business 250 INTERNATIONAL PARKWAY SUITE 150 HEATHROW FL 32746 US	Mailing Address 250 INTERNATIONAL PARKWAY SUITE 150 HEATHROW FL 32746 US
--	--

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
30	

9. Name and Address of Current Registered Agent

**SELBY, C. THOMAS
250 INTERNATIONAL PARKWAY
SUITE 150
HEATHROW FL 32746**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	85 Zip Code

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/08/1996	
4. FEI Number 59-3381828	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
10. Name and Address of New Registered Agent	

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable) (b)(7)(C) Registered Agent signature in plain text, for filing

DATE

12. OFFICERS AND DIRECTORS

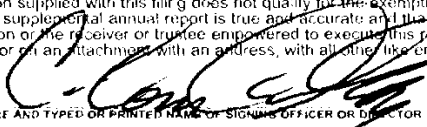
TITLE	D	☐ DELETE
NAME	SELBY, C. THOMAS	
STREET ADDRESS	250 INTERNATIONAL PARKWAY, SUITE 150	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

100002796741--2
03/05/99--01120--001
******150.00 ****150.00**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

C. Thomas Selby
3-1-99
(407) 333-1604