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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P96000021818

FINANCIAL C	APITAL RESOURCES, I	INC.					
Drivers of Blace of Bu	rainaga	Mailing Address					
Principal Place of Business Mailing Address 3001 N ROCK PT DR E 5157 SAN JOSE ST ST 200   TAMPA FL 33629 TAMPA FL 33609 US					DO NOT WRITE IN TI	HIS SPACE	
US					3. Date Incorporated or Qualifed 03/11/1996		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	olied For
5445 Mariner St		26 same			59-3368294	Not	Applicable
Suite', Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	dditional
22 Suite 107		27		5. Certificate of Status Desireo	_ Fee Red	quired	
City & State  23 Tampa		City & State			6. Election Campaign Financing Trust Fund Contribution		
Zip   24 33609	Country 25	Zip 29	Country 30		This corporation owes the current year     Personal Property Tax.	☐ Yes	□No
	Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	ed Agent	
			81	Name			
WHITLEY, HILARY			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
5157 SAN JOSE ST TAMPA FL 33629			83			- <del>-</del>	
ILUMICATE	. 55029		63				
			84	City		85 Zip C	ode
office or register agent. I am fami	red agent, or both, in the State of iliar with, and accept the obligat	of Florida, Such change was au tions of, Section 607.0505, Flor	ithonzed by ida Statutes	the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	ppointment as reg	registered jistered
Signatur	re, typed or printed name of registered agen	D DIRECTORS	13.	i signature required	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE   P	OT TOLITO AIT	DELETE	1.1 TITLE			☐ Change	Addition
1 1			1.2 NAME				
			1.3 STREET	ADDRESS		•	
			1.4 CITY-ST	r-zi <del>p</del>			
TITLE	☐ DELETE 2.11		2.1 TITLE			☐ Change	☐ Addition
NAME ;			2.2 NAME				
STREET ADORESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2.4 CITY-S	T-ZIP	<u> </u>	☐ Change	Addition
TITLE			3.1 TITLE			□ cuange	∐ Addition
NAME			3.2 NAME				,
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S 4.1 TITLE	T- ZIP		[] Change	Addition
TITLE		C) Deterie	4.1 IIILE 4. 2 NAME		•	موسور بي	
NAME STREET ADDRESS			4.2 NOUVIE	ADDRESS		•	i
CITY-ST-ZIP			4.4 CITY-S				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	•		5.3 STREET	ADDRESS	•		
CITY-ST-ZIP			5.4 CITY-ST	r-zip			
	•	☐ DELETE	6.1 TTTLE			☐ Change	☐ Addition
NAME !			6.2 NAME				ľ

CITY-ST-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 all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90064 017 \*\*\*150.00