

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

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Apr 25 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **301016** (2)

1. Corporation Name:  
**SOUTHERN CAPITAL CORP.**

Principal Place of Business <b>680 RANGE RD COCOA FL 32926 US</b>	Mailing Address <b>220 KING STREET COCOA FL 32922-7940 US</b>
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3. Date Incorporated or Qualified <b>01/19/1966</b>		3a. Date of Last Report <b>03/21/1996</b>	
2. Principal Place of Business 21 <b>220 King Street</b> Suite, Apt. #, etc. 22 City & State 23 <b>Cocoa FL</b> Zip Country 24 <b>32922</b> 25 <b>US</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
4. FEI Number <b>59-1113647</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>ROWE, MORRIS 1030 GRAY ROAD COCOA FL 32926</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIGVARTSEN, H C</b>	1.2 NAME	
STREET ADDRESS	<b>1585 NEWFOUND HARBR DR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MERRITT ISLAND FL</b>	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROWE, MORRIS</b>	2.2 NAME	
STREET ADDRESS	<b>1030 GRAY ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCOA FL</b>	2.4 CITY - ST - ZIP	
TITLE	VSTD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAID, SUSAN, E</b>	3.2 NAME	<b>VD Haid, Susan E.</b>
STREET ADDRESS	<b>1072 GRAY ROAD</b>	3.3 STREET ADDRESS	<b>1072 Gray Road</b>
CITY - ST - ZIP	<b>COCOA FL</b>	3.4 CITY - ST - ZIP	<b>Cocoa, FL 32926</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>VS Adams, Dorothy E.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>983 Long Meadow Lane</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>Melbourne, FL 32940</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>T Reid, LeeAnn</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>1340 Fiddler Avenue</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>Merritt Island, FL 32952</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Susan E. Haid **Susan E. Haid** **Vice President** 4/17/97 (407) 632-2600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CF2E034 (9/96)