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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

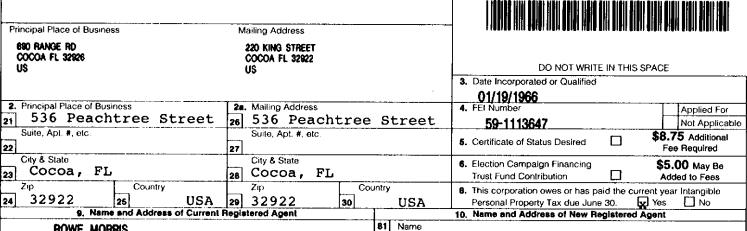
Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name 301016

(2)

SOUTHERN CAPITAL CORP.

FILED								
Apr 21 1998 8:00am	Ĺ							
Secretary of State								



ROWE. MORRIS 1030 GRAY ROAD COCOA FL 32926

8	2	Street Address (P.O. Box Number is Not Acceptable)
8	13	
8	14	City 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE.	

SIGNATURE										
Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIREC	TORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	VD	☐ DELETE	11 TITLE		☐ Change	Addition				
NAME	SIGVARTSEN, H C		1.2 NAME							
STREET ADDRESS	1585 NEWFOUND HARBR DR		1.3 STREET ADDRESS							
CITY - ST - ZIP	MERRITT ISLAND FL		1.4 CITY-ST-ZIP			ļ				
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change	Addition				
NAME	ROWE, MORRIS		2.2 NAME			:				
STREET ADORESS	1030 GRAY ROAD		2.3 STREET ADDRESS							
CITY-ST-ZIP	COCOA FL		2. 4 CITY - \$T - ZIP							
TITLE	VD .	■ DELETE	3 1 TITLE		☐ Change	Addition				
NAME	HAID, SUSAN, E		3.2 NAME							
STREET ADDRESS	1072 GRAY ROAD		3 3 STREET ADDRESS			1				
CITY-ST-ZIP	COCOA FL		3.4. CITY-ST-ZIP							
THTLE	V\$	DELETE	4.1 TITLE		☐ Change	Addition				
NAME	ADAMS, DOROTHY E		4. 2 NAME			ĺ				
STREET ADDRESS	983 LONG MEADOW LN		4.3 STREET ADDRESS							
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY - ST - ZIP							
TITLE	Ţ	☐ DELETE	5.1 TATLE		☐ Change	Addition				
NAME	REID, LEEANN		5.2 NAME							
STREET ADDRESS	1340 FIDOLER AVE		5.3 STREET ADDRESS							
CITY-ST-ZIP	MERRITT ISLAND FL		5.4 CITY-ST-ZIP							
TITLE		☐ DELETE	61 TITLE		Change	Addition				
NAME			62 NAME							
STREET ADDRESS			6 3 STREET ADDRESS			ŀ				

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 changes or on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

April 15, 1998 (407)632-2600