

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham,
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27 1996 8:00 am
Secretary of State

DOCUMENT # **433669 (9)**
1. Corporation Name
FIRST CAPITAL MORTGAGE COMPANY



Principal Place of Business Mailing Address
**ONE SE THIRD AVE
11TH FLOOR
MIAMI FL 33131
US**

3. Date Incorporated or Qualified **08/23/1973** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-1492149** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**FRIEDLANDER, BRUCE D.
ONE SE THIRD AVE
SUITE 1101
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 _____ DATE _____
Signature of President or Principal Officer, Director, Agent and the Registrar (Name of Registered Agent Signature Required when Resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
PD	PAPPAS, TIMOTHY D. ONE SE THIRD AVE 11TH FLOOR MIAMI FL	<input type="checkbox"/> DELETE	13 STREET ADDRESS
TSD	SHAW, RAY M. ONE SE THIRD AVE 11TH FLOOR MIAMI FL	<input type="checkbox"/> DELETE	14 CITY - ST - ZIP
VP	PAPPAS, MICHAEL I ONE SE THIRD AVE 11TH FLOOR MIAMI FL	<input type="checkbox"/> DELETE	21 TITLE
		<input type="checkbox"/> DELETE	22 NAME
		<input type="checkbox"/> DELETE	23 STREET ADDRESS
		<input type="checkbox"/> DELETE	24 CITY - ST - ZIP
		<input type="checkbox"/> DELETE	31 TITLE
		<input type="checkbox"/> DELETE	32 NAME
		<input type="checkbox"/> DELETE	33 STREET ADDRESS
		<input type="checkbox"/> DELETE	34 CITY - ST - ZIP
		<input type="checkbox"/> DELETE	41 TITLE
		<input type="checkbox"/> DELETE	42 NAME
		<input type="checkbox"/> DELETE	43 STREET ADDRESS
		<input type="checkbox"/> DELETE	44 CITY - ST - ZIP
		<input type="checkbox"/> DELETE	51 TITLE
		<input type="checkbox"/> DELETE	52 NAME
		<input type="checkbox"/> DELETE	53 STREET ADDRESS
		<input type="checkbox"/> DELETE	54 CITY - ST - ZIP
		<input type="checkbox"/> DELETE	61 TITLE
		<input type="checkbox"/> DELETE	62 NAME
		<input type="checkbox"/> DELETE	63 STREET ADDRESS
		<input type="checkbox"/> DELETE	64 CITY - ST - ZIP

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***200.00

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SIGNATURE: **TIMOTHY D. PAPPAS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 305-371-3592
Date Daytime Phone #

CR2E034 (12/95)