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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **447898** **(8)**

1. Corporation Name

**ACCELERATED CAPITAL CORP.**

Principal Place of Business

899 WEST CYPRESS CREEK ROAD. SUITE 311
FT. LAUDERDALE FL 33309
US

Mailing Address

700 LOUISIANA. SUITE 3905
HOUSTON TX 77002
US

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip 29 County 30

3. Date Incorporated or Qualified: **04/01/1974**

3a. Date of Last Report: **01/24/1995**

4. FEI Number: **59-1515509** ☐ 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

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.**
**1201 HAYS STREET**
**TALLAHASSEE FL 32301**

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 Section 607.0502, 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

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| Title | DS | ☐ DELETE |
| NAME | HARRIS, SUSAN | |
| Street Address | 1 SUNAMERICA CENTER, CENTURY CITY | |
| City-St-Zip | LOS ANGLES CA | |
| Title | D | ☐ DELETE |
| NAME | ROBINSON, SCOTT | |
| Street Address | 1 SUNAMERICA CENTER, CENTURY CITY | |
| City-St-Zip | LOS ANGLES CA | |
| Title | D | ☒ DELETE |
| NAME | SWINTROB, JAY S. | |
| Street Address | 1 SUNAMERICA CENTER, CENTURY CITY | |
| City-St-Zip | LOS ANGELES CA | |
| Title | P | ☐ DELETE |
| NAME | HUNT, JAMES K. | |
| Street Address | 1 SUNAMERICA CENTER, CENTURY CITY | |
| City-St-Zip | LOS ANGELES CA | |
| Title | AS | ☐ DELETE |
| NAME | FIFE, LORIN M | |
| Street Address | 1 SUNAMERICA CENTER CENTURY CITY | |
| City-St-Zip | LOS ANGELES CA | |
| Title | V | ☐ DELETE |
| NAME | TILLINGHOST, SAM M | |
| Street Address | 700 LOUISIANA SUITE 3905 | |
| City-St-Zip | HOUSTON TX | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| Title | V | ☐ Change ☒ Addition |
| NAME | Deakler, Thomas N. | |
| Street Address | 700 Louisiana, Suite 3905 | |
| City-St-Zip | Houston, TX | |
| Title | | ☐ Change ☐ Addition |
| NAME | | |
| Street Address | | |
| City-St-Zip | | |
| Title | | ☐ Change ☐ Addition |
| NAME | | |
| Street Address | | |
| City-St-Zip | | |
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| Street Address | | |
| City-St-Zip | | |
| Title | | ☐ Change ☐ Addition |
| NAME | | |
| Street Address | | |
| City-St-Zip | | |

CR2E034 (12/95)

14. I hereby certify that the information supplied herein, including any attached pages, fully complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual reports 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 with an address, with respect to, the above.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR