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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90032 021 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 447898

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1974

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	DENKLER, THOMAS	
STREET ADDRESS	700 LOUISIANA SUITE 3905	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBINSON, SCOTT	
STREET ADDRESS	1 SUNAMERICA CENTER, CENTURY CITY	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WINTROB, JAY S	
STREET ADDRESS	1 SUNAMERICA CENTER, CENTURY CITY	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HUNT, JAMES K.	
STREET ADDRESS	1 SUNAMERICA CENTER, CENTURY CITY	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	FIFE, LORIN M	
STREET ADDRESS	1 SUNAMERICA CENTER CENTURY CITY	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TILLINGHAST, SAM M	
STREET ADDRESS	700 LOUISIANA SUITE 3905	
CITY-ST-ZIP	HOUSTON TX	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE:

Thomas Denkler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99

Date

713-222-7019

Daytime Phone #

CR2E034 (11/98)