

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90059 013 ***150.00

DOCUMENT # 841718

1. Corporation Name

INVESTMENT CAPITAL CORPORATION

Principal Place of Business

595 BAY ISLES RD
SUITE 120-G
LONGBOAT KEY FL 34228
US

Mailing Address

595 BAY ISLES RD
SUITE 120-G
LONGBOAT KEY FL 34228
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1978

4. FEI Number

25-1027690

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

LEVITT, ROBERT B.

1900 SECOND STREET, STE 200

SARASOTA, FL

34230

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

595 BAY ISLES RD.

83

SUITE G

84 City

LONGBOAT KEY

FL

85 Zip Code

34228

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 ☐ DELETE

PD
NAME LEVITT, ROBERT B
STREET ADDRESS 1201 SOUTHPORT DR
CITY-ST-ZIP SARASOTA, FL 00000

TITLE ☐ DELETE

DS
NAME LEVITT, FLORENCE C
STREET ADDRESS 1211 GULF OF MEXICO DR.
CITY-ST-ZIP LONGBOAT KEY, FL 00000

TITLE ☐ DELETE

DC
NAME LEVITT, IRVING F
STREET ADDRESS 1211 GULF OF MEXICO DR.
CITY-ST-ZIP LONGBOAT KEY, FL 00000

TITLE ☐ DELETE

AS
NAME EHRENPREIS, LINDA ANN
STREET ADDRESS 1 DARLINGTON COURT
CITY-ST-ZIP PITTSBURGH, PA 00000

TITLE ☐ DELETE

VT
NAME YATES, EDWARD
STREET ADDRESS 1105 LONGFELLOW WAY
CITY-ST-ZIP SARASOTA, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

2876 INDIANWOOD DR
SARASOTA, FL 34232

☐ Change ☐ Addition

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: Edward Yates REEDWARD YATES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99

Date

941-316-1776

Daytime Phone #

CR2E034 (1/98)