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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # F93000003470 (2)

ADVANTOR CAPITAL CORPORATION

## **FILED** Jan 27 1997 8:00am Secretary of State



	ASHINGTON STREET	Mailing Address  424 NORTH WASHINGTON STREET ALEXANDRIA VA 22314-2312			1 1041100 1110 19100 )1111 40111 80111 80111 80111 80111 80111 80111 80111 80111 80111 80111 80111 80111 8011				
ALEXANDRIA V	A 22314				Date Incorporated or Qualified     07/28/1993	l	3a. Date of Last Report 05/01/1996		
	lace of Business	2a. Mailing Address			4. FEI Number			Applied For	
	LAKE Ellemon DR.	26	.,		59-1801186			Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional Required		
City & State	e	City & State			6. Election Campaign Financing			0 Мау Ве	
B ORLI	- stephenic	28			Trust Fund Contribution		Added to Fees		
Zip 3280		Zip	Countr	у	8. This corporation has liability for i	ntangible t	ax under	s. 199.032,	
14 5280		29	30			Yes 🔣			
	9. Name and Address of Current	Registered Agent	81	T ::	10. Name and Address of New Re	pistered A	gent		
538	RY L. MCCOLLOUGH , ESQ. EAST WASHINGTON STREET ANDO FL 32801		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)			
			84	City			<b>85</b> Zij	p Code	
						FL			
SIGNATURE 12.	Signature, typind or printed came of registered agent OFFICERS AND		NOTE: Registered A	ent signature requ	ulred when reinstailing) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTO	ORS IN 12	
TITLE	DCP	DELETE	1.1 TOTLE				Change	Additio	
NAME	FLEMMING, HARRY S		1.2 NAME						
STREET ADDRESS	424 NORTH WASHINGTON ST.		1.3 STREE	T ADDRESS					
CITY ST - ZIP	ALEXANDRIA VA 22314	DELETE	1.4 CITY -	ST-ZIP			Observe	A delica	
TITLE	DVPS Landis, Jane A	F" DELETE	2.1 TITLE 2.2 NAME				Change	e L. Additio	
NAME STREET ADDRESS	424 NORTH WASHINGTON ST.			T ADDRESS		5.73			
DOTY-ST-ZIP	ALEXANDRIA VA		2.4 CITY	· · · · · · · · · · · · · · · · · · ·					
TITLE	T	DELETE	3.1 TITLE	51-40			Change	Additio	
NAME	CLIFTON, RICHARD N		3.2 NAME				_		
STREET ADDRESS	6101 LAKE ELLENOR DR.		3.3 STRE	T ADDRESS					
CITY-ST-7/P	ORLANDO FL 32809		3.4. City	ST-ZIP					
TITLE		DELETE	4.1 TITLE				Change	e 🔲 Additio	
NAME			4. 2 NAM						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP		I DOLLETO	4.4 CITY-	ST-ZIP			Chart	1,4201-	
TITLE		DELETE	5.1 TITLE	}			Change	Additio	
NAME OTOTE LODGES			5.2 NAME						
STREET ADDRESS				T ADDRESS					
CITY - S1 - ZIP TITLE		☐ DELETE	5.4 CITY - 6.1 TITLE	21-ZIP			Change	Additio	
NAME		b	62 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIF			6.4 CITY						
0111101120			0.9 (111)	V1 411					

14. I do 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

SIGNATURE: