

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 # F94000004202 (7)

1. Corporation Name

FIRST COMMERCE CAPITAL, INC.



Principal Place of Business

821 GRAVIER ST.
SUITE 1027
NEW ORLEANS LA 70119

Mailing Address

821 GRAVIER ST.
SUITE 1027
NEW ORLEANS LA 70119

3. Date Incorporated or Qualified
08/12/1994

3a. Date of Last Report
05/19/1995

2. Principal Place of Business

2a. Mailing Address

21 201 St. Charles Ave. 16th floor

26 201 St. Charles Ave. 16th floor

4. FEI Number

72-1268331

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME HARPER, WILLIAM J
STREET ADDRESS 4612 RUE LAURENT
CITY - ST - ZIP METARIE LA 70002

1.1 TITLE ☐ Change: ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE V ☐ DELETE
NAME GIFFIN, PAUL F
STREET ADDRESS 806 TETE L'OURS DR.
CITY - ST - ZIP MANDEVILLE LA 70448

2.1 TITLE ☐ Change: ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE V ☐ DELETE
NAME KIRBY, MICHAEL P
STREET ADDRESS 528 CEDARWOOD DR.
CITY - ST - ZIP MANDEVILLE LA 70448

3.1 TITLE ☐ Change: ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE S ☐ DELETE
NAME STORMS, ELIZABETH
STREET ADDRESS 11 TRINIDAD DR.
CITY - ST - ZIP KENNER LA 70065

4.1 TITLE ☐ Change: ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE T ☐ DELETE
NAME TRUETT, JANE B
STREET ADDRESS 4817 PAGE DR.
CITY - ST - ZIP METARIE LA 70003

5.1 TITLE ☐ Change: ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME ARNOF, IAN
STREET ADDRESS 1750 ST. CHARLES AVE.
CITY - ST - ZIP NEW ORLEANS LA 70130

6.1 TITLE ☐ Change: ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

Daytime Phone #

CR2E034 (12/95)