

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 12 1997 8:00am
Secretary of State

DOCUMENT # F94000004202 (7)

1. Corporation Name
FIRST COMMERCE CAPITAL, INC.



Principal Place of Business
201 ST. CHARLES AVENUE
16TH FLOOR
NEW ORLEANS LA 70170
US

Mailing Address
201 ST. CHARLES AVENUE
16TH FLOOR
NEW ORLEANS LA 70170-1000
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
08/12/1994

3a. Date of Last Report
05/01/1996

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

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
officer 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 and familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature type or print name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

PD
HARPER, WILLIAM J
4612 RUE LAURENT
METARIE LA 70002

☐ DELETE

STREET ADDRESS

CITY, ST, ZIP

TITLE

V
GIFFIN, PAUL F
808 TETE L'OURS DR.
MANDEVILLE LA 70448

☐ DELETE

STREET ADDRESS

CITY, ST, ZIP

TITLE

V
KIRBY, MICHAEL P
528 CEDARWOOD DR.
MANDEVILLE LA 70448

☐ DELETE

STREET ADDRESS

CITY, ST, ZIP

TITLE

S
STORMS, ELIZABETH
11 TRINIDAD DR.
KENNER LA 70065

☒ DELETE

STREET ADDRESS

CITY, ST, ZIP

TITLE

T
TRUETT, JANE B
4817 PAGE DR.
METARIE LA 70003

☐ DELETE

STREET ADDRESS

CITY, ST, ZIP

TITLE

D
ARNOF, IAN
1750 ST. CHARLES AVE.
NEW ORLEANS LA 70130

☐ DELETE

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

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☒ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

S
Edward H. Whitfield
60 Yosemite Drive
New Orleans, LA 70131

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ 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 or 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3/7/97

(504) 623-4156

CR2E034 (9/96)