

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

FILED  
Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000004202 (7)**

1. Corporation Name  
**FIRST COMMERCE CAPITAL, INC.**

Principal Place of Business <b>201 ST. CHARLES AVENUE 16TH FLOOR NEW ORLEANS LA 70170 US</b>	Mailing Address <b>201 ST. CHARLES AVENUE 16TH FLOOR NEW ORLEANS LA 70170 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/12/1994</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>72-1268331</b>	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country		29. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83. City				84. 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 the 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	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARPER, WILLIAM J			1.2 NAME			
STREET ADDRESS	4612 RUE LAURENT			1.3 STREET ADDRESS			
CITY-ST-ZIP	METARIE LA 70002			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Giffin, Paul F			2.2 NAME			
STREET ADDRESS	808 TETE L'OURS DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	MANDEVILLE LA 70448			2.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KIRBY, MICHAEL P			3.2 NAME	MORGAN, JOHN H		
STREET ADDRESS	528 CEDARWOOD DR.			3.3 STREET ADDRESS	2233 ST CHARLES, AVE, APT 704		
CITY-ST-ZIP	MANDEVILLE LA 70448			3.4 CITY-ST-ZIP	NEW ORLEANS, LA 70130		
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EDWARD H WHITFIELD			4.2 NAME			
STREET ADDRESS	60 YOSEMITE DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	NEW ORLEANS LA			4.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TRUETT, JANE B			5.2 NAME			
STREET ADDRESS	4817 PAGE DR.			5.3 STREET ADDRESS			
CITY-ST-ZIP	METARIE LA 70003			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARNOF, IAN			6.2 NAME			
STREET ADDRESS	1760 ST. CHARLES AVE.			6.3 STREET ADDRESS			
CITY-ST-ZIP	NEW ORLEANS LA 70130			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.

SIGNATURE: *Jane B. Truett* **JANE B. TRUETT** 3-4-98

CP2E034 (10/97)