

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F97000003628
1. Corporation Name
FEDERATED CAPITAL CORPORATION

Principal Place of Business
30955 NORTHWESTERN HIGHWAY
FARMINGTON HILLS MI 48334

Mailing Address
30955 NORTHWESTERN HIGHWAY
FARMINGTON HILLS MI 48334

FILED

99 AUG 31 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/11/1997	
4. FEI Number 38-3338119	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

NRAI SERVICES INC
526 E PARK AVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D KONDO, MASANOBU	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1211 AVENUE OF THE AMERICAS	1.2 NAME	800002983148--E
STREET ADDRESS	NEW YORK NY 10036-8880	1.3 STREET ADDRESS	-09/10/99--01006--005
CITY-ST-ZIP		1.4 CITY-ST-ZIP	***\$550.00 ***\$550.00
TITLE	PD FERRIS, LOUIS P JR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	30955 NORTHWESTERN HIGHWAY	2.2 NAME	
STREET ADDRESS	FARMINGTON HILLS MI 48334	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VSD FECHER, MARK G	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	30955 NORTHWESTERN HIGHWAY	3.2 NAME	
STREET ADDRESS	FARMINGTON HILLS MI 48334	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD HO, DAVID	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	30955 NORTHWESTERN HIGHWAY	4.2 NAME	
STREET ADDRESS	FARMINGTON HILLS MI 48334	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AV SULTENFUSS, RUSS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	30955 NORTHWESTERN HIGHWAY	5.2 NAME	
STREET ADDRESS	FARMINGTON HILLS MI 48334	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D MASADA, KATSUHIKO	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1211 AVENUE OF THE AMERICAS	6.2 NAME	
STREET ADDRESS	NEW YORK NY 10036-8880	6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Mark G. Fecher* *SVF* 7-8-99 KE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0110376

CR2E034 (5/99)