

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

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90116 042 ***150.00

DOCUMENT # **G17202**

1. Corporation Name

CORDCON CAPITAL CORPORATION



Principal Place of Business

726 OWENS ROAD
3823 OWENS ROAD
YULEE FL 32097
US

Mailing Address

1556 3RD AVE.
SUITE 504
NEW YORK NY 10128
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1982

4. FEI Number

22-2722457

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **3823 Owens Road**

2a. Mailing Address

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

HENDERSON, GROVER J.
726 OWENS ROAD
YULEE FL 32097

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3823 Owens Road

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	DAVIS, WILLIAM	
STREET ADDRESS	3823 OWENS ROAD	
CITY-ST-ZIP	YULEE FL 32097	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HENDERSON, GROVER J.	
STREET ADDRESS	3823 OWENS ROAD	
CITY-ST-ZIP	YULEE FL 32097	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SUOZZO, JOSEPH	
STREET ADDRESS	1556 3RD AVE., SUITE 504	
CITY-ST-ZIP	NEW YORK NY 10128	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SIEGEL, JEROME A.	
STREET ADDRESS	1556 3RD AVE., SUITE 504	
CITY-ST-ZIP	NEW YORK NY 10128	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERGREEN, BERNARD D.	
STREET ADDRESS	3823 OWENS ROAD	
CITY-ST-ZIP	YULEE FL 32097	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-99

Date

212-410-7555

Daytime Phone #

CR2E034 (11/98)