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**Apr 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # G62635 (9)

**1. Corporation Name
FIRST ATLANTIC CAPITAL CORPORATION**



**Principal Place of Business Mailing Address
316 ROYAL POINCIANA PLAZA 316 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480 PALM BEACH FL 33480-4020**

3. Date Incorporated or Qualified 09/16/1983 3a. Date of Last Report 03/14/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-2332532		<input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARSON, DONALD W. 316 ROYAL POINCIANA PLAZA PALM BEACH FL 33480				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FANJUL, ALFONSO			1.2 NAME			
STREET ADDRESS	316 ROYAL POINCIANA			1.3 STREET ADDRESS			
CITY - ST - ZIP	PALM BEACH FL			1.4 CITY - ST - ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FANJUL, JOSE F.			2.2 NAME			
STREET ADDRESS	316 ROYAL POINCIANA			2.3 STREET ADDRESS			
CITY - ST - ZIP	PALM BEACH FL			2.4 CITY - ST - ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARSON, DONALD			3.2 NAME			
STREET ADDRESS	316 ROYAL POINCIANA			3.3 STREET ADDRESS			
CITY - ST - ZIP	PALM BEACH FL			3.4 CITY - ST - ZIP			
TITLE	VT	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KANAI, DENNIS			4.2 NAME			
STREET ADDRESS	316 ROYAL POINCIANA			4.3 STREET ADDRESS			
CITY - ST - ZIP	PALM BEACH FL			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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: _____ **Dennis J. Kanai, Vice President** **3/31/97** **561-655-6303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)