

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H85465** (3)

1. Corporation Name
FLORIDA CAPITAL GROUP, INC.



Principal Place of Business
**CONGRESS CORPORATE PLAZA
902 CLING MOOR ROAD, SUITE 100 BLDG 4
BOCA RATON FL 33487
US**

Mailing Address
**CONGRESS CORPORATE PLAZA
902 CLINT MOORE ROAD, SUITE 100, BLDG 4
BOCA RATON FL 33487
US**

3. Date Incorporated or Qualified **11/15/1985** 3a. Date of Last Report **01/19/1995**

4. FEI Number **59-2613481** 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

2. Principal Place of Business
21. State, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. State, Apt. #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent

**CONWAY, STEPHEN P.
902 CLINT MOORE ROAD
SUITE 100
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0532 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 607.0509, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary of State)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE **PVS** ☐ DELETE
2. NAME **CONWAY, STEPHEN P.**
3. STREET ADDRESS **CONGRESS COR PLAZA/902 CLINT MOORE RD 100**
4. CITY, ST, ZIP **BOCA RATON FL**

5. TITLE **TD** ☐ DELETE
6. NAME **CONWAY, STEPHEN P**
7. STREET ADDRESS **902 CLINT MOORE ROAD, SUITE 100, BLDG. 4**
8. CITY, ST, ZIP **BOCA RATON FL**

9. TITLE ☐ DELETE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

13. TITLE ☐ DELETE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

17. TITLE ☐ DELETE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP **33487**

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP **33487**

9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen P. Conway, President

DATE: **02/14/96**

2-9

CR2E034 (12/95)