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

NAME

STREET ADDRESS

SIGNATURE:

indicated on this annual report of ac officer or director of the corporation Block 12 or Block 13 if charged

FILED Mar 25 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5)J48583 US CAPITAL FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address P.O. BOX 2002 110 S. LAKEWOOD DR. B #2-U #5 BRANDON FL 33509-2802 DO NOT WRITE IN THIS SPACE BRANDON FL 33510-4029 3. Date Incorporated or Qualified 12/23/1986 2. Principal Pl e of Busines 2a. Mailing Address Applied For 21 10105BRYAN 1010 BRYAN CAD 59-2751849 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing BRANDON Seandon Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 25 USA USA Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NICHOLS MICHELE S 110 S. LAKE WOOD DR. Street Address (P.O. Box Number is Not Acceptable) B #2-U#5 **BRANDON FL 33510** CityBRANDON Zip Code 23511-641 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 d applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NICHOLS, L. G. NAME 1.2 NAME 1010 S. BRYAN ROAD 100 S. LAKEWOOD DR., B#2-U#5 STREET ADDRESS 1.3 STREET ADDRESS BRANDON FL 33511-6411 BRANDON FL CHY-ST-ZIP 1.4 CITY - ST - ZIP DELETE VST 2.1 TITLE TITLE NICHOLS, MICHELE S. 2.2 NAME NAME 1010 S. BRYAN ROAD BRANDON FL 33511-6411 110 S. LAKEWOOD DR., B#2-U#5 2.3 STREET ADDRESS STREET ADDRESS **BRANDON FL** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY - ST - ZIP Change DELETE TITLE 4.1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition

6.2 NAME

14. Thereby certify that the information supplied with this filling 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 suppliemental initial eport in the angle and that my signature shall have the same legal effect as if made under oath; that I am an

MICHELE S. NICHOLS, VST

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

open is true and recturate and that my signature shall have the same legal effect as if made under oath; that I am an under emporation of exceeds this report as required by Chapter 607, Florida Statutes; and that my name appears in the tree.

03/20/98 (813) 643-8787