

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

FILED
Jul 08 1996 8:00 am
Secretary of State

DOCUMENT # K89525 (5)
1. Corporation Name

ASSOCIATED CAPITAL PROPERTIES, INC.

Principal Place of Business

Mailing Address

**EOLA PARK CENTRE, SUITE 900
200 EAST ROBINSON STREET
ORLANDO FL 32801**

**EOLA PARK CENTRE, SUITE 900
200 EAST ROBINSON STREET
ORLANDO FL 32801**



2. Principal Place of Business

2a. Mailing Address

21 1035 S. Semoran Blvd.
Suite, Apt #, etc

26 1035 S. Semoran Blvd.
Suite, Apt #, etc

22 Suite 1007
City & State

27 Suite 1007
City & State

23 Winter Park, FL

28 Winter Park, FL

24 32792 Zip Country
25 USA

29 32792 Zip Country
30 USA

3. Date Incorporated or Qualified

05/19/1989

3a. Date of Last Report

03/14/1995

4. FEI Number

59-2951185

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

9. Name and Address of Current Registered Agent

**HEISTAND, JAMES R.
EOLA PARK CENTRE, SUITE 900
200 EAST ROBINSON STREET
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

**81 Name
Heistand, James R
82 Street Address (P.O. Box Number is Not Acceptable)
1035 S. Semoran Blvd., Suite 1007
83
84 City
Winter Park, FL
85 Zip Code
FL 32792**

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

James R. Heistand, President

6/21/96

Signature typed or printed name of registered agent and filed if applicable.

(NOTE: Registered Agent Signature Required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	PTS			<input type="checkbox"/>
	HEISTAND, JIM	10325 DOWN LAKEVIEW CIR.	WINDERMERE FL	
	V			<input type="checkbox"/>
	JOHANNES, DALE	1551 WATERWITCH DR	ORLANDO FL	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
	PT				<input checked="" type="checkbox"/>	<input type="checkbox"/>
	James R. Heistand	2259 Fountain Key Cr.	Windermere, FL 32792		<input type="checkbox"/>	<input type="checkbox"/>
	S				<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Allen de Olazarra	3900 Wood Avenue	Coconut Grove, FL 33133		<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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 617, 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

James R. Heistand, President

6/21/96

Date

Daytime Phone #

CR2E034 (3/96)