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Mar 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L04725 (2)
1. Corporation Name
NATIONAL CAPITAL INVESTMENT CORPORATION



Principal Place of Business

Mailing Address

POB 3631
CLEARWATER FL 34630

POB 3631
CLEARWATER FL 34630

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 07/27/1989 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 59-2961125 | |
| 24 33767 | | 29 33767 | | Applied For | |
| 25 Country | | 30 Country | | Not Applicable | |
| 26 Country | | 31 Country | | 5. Certificate of Status Desired | |
| 27 Country | | 32 Country | | 8.75 Additional Fee Required | |
| 28 Country | | 33 Country | | 6. Election Campaign Financing | |
| 29 Country | | 34 Country | | Trust Fund Contribution | |
| 30 Country | | 35 Country | | 8. This corporation owes or has paid the current year Intangible | |
| 31 Country | | 36 Country | | Personal Property Tax due June 30. | |
| 32 Country | | 37 Country | | Yes No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANAGHAN, PATRICK T
10913 N DALE MABRY HWY
TAMPA FL 33618

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|--|
| TITLE | DP | 1.1 TITLE | |
| NAME | ARMSTRONG, JUDY A. | 1.2 NAME | |
| STREET ADDRESS | PO BOX 3631 N/A | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 1.4 CITY-ST-ZIP | |
| TITLE | DV | 2.1 TITLE | |
| NAME | ARMSTRONG, REX W. | 2.2 NAME | |
| STREET ADDRESS | PO BOX 3631 N/A | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE: [Signature] J. ARMSTRONG, REX W. 2-15-98 290-2399

CR2E034 (10/97)