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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10217

(2)

1. Corporation FIRST		CAI	PITAL GROU		(2)								ii) 2161) 2 1811 0	14(1 2)(1) 1 2 1(
B :														
Principal Plac		ss		~	Mailing Address									
7000 NW 471 LAUDERHILL					7000 NW 47TH PLACE									
US	PL 33318			- :	LAUDERHILL FL 33319 US					DO NOT WRITE IN THIS SPACE				
				•						3. Date Incorporated or 0				
										08/17/1989				
2. Principal F	Place of Busin	ness		2a. Mailing Address						4. FEI Number			/	Applied For
21				26						65-0138707				Not Applicable
Suite, Apt. #, etc.				\vdash	e, Apt. #, etc.					5. Certificate of Status Di	esired		+	Additional
City & Ctor					27									Required
City & Stat	le			<u></u> ⊢-¬ ·	City & State					6. Election Campaign Fir	•			O May Be
23 Zip			Country		Zip Cou			,		Trust Fund Contributio				d to Fees
24	¬ ' —						Country			8. This corporation owes				_ ~
	9. Name		Address of Curr		[29] 30] t Registered Agent			Personal Property Tax due June 30. 10. Name and Address of New Registere						No No
HE	SS, EDWA						81	Nam	<u>е</u>	(9, 111111111111111111111111111111111111		91010100	regone	
7000 NW 47TH PLACE								<u> </u>		10.0.0		-,		
LAUDERHILL FL 33319								Stree	et Addre	ss (P.O. Box Number is Not	Accepta	able)		
STOPPHINE I & VOVIO							83	••••					·	
							84						,,	
								City				FL	85 Zip	o Code
11. Pursuant	to the provis	ions d	of S ections 607.05	502 and 607.15	08, Florida Statu	tes, the a	bove	e-name	d corpo	oration submits this statemen	t for the	purpose	of changing	its registered
agent. I a	regi ste red ag ım fam iliar wi	jeni, d ith, ar	or b oth, in the Star a d a ccept the obli	le of Florida. Si gations of, Sec	uch change was tion 607.0505, Fi	authorize Iorida Stat	d by tutes	y the co s.	orporatio	oration submits this statement on's board of directors. I her	by acce	ept the ap	pointment a	is registered
SIGNATURE														
	Signature typed	or prin	led name of registered a				d Age	ent signat.	re required	d when reinstating)		DATE		
12.	6		OFFICERS A	ND DIRECTOR		13.				ADDITIONS/CHANGES	TO OFF	ICERS AN		
TITLE	HESS, E	:nw/	NDD I		DELETE	1.1 1(1				Change	☐ Addition
NAME			7TH PLACE			1.2 N								
STREET ADDRESS			FL 33319				1.3 STREET ADDRESS		·					
CITY-ST-ZIP TITLE	EVP	II IIILL	TE 00018		DELETE	1.4 CI 2.1 TI		t-ZIP	+				Channa	Addition
NAME	HESS, C	HED	t 1						1				Change	☐ Addition
STREET ADDRESS			7TH PLACE					2.2 NAME 2.3 STREET ADDRESS						i
CITY-ST-ZIP			FL 33319					2.4 CITY-ST-ZIP						•
TITLE					DELETE	3.1 (1		21 - 7(1,	+-				Change	Addition
NAME						3.2 N/							C Sumigo	
STREET ADDRESS						1		ADDRESS						
CITY-ST-ZIP	1							T-ZiP						i
TITLE	_			VIV	DELETE	4.1 TI		, , ,	 				Change	☐ Addition
NAME						4.2 N							0	
STREET ADDRESS								ADDRESS						
CITY-ST-ZIP						44 CI								
TITLE	<u>.</u>				DELETE	51 Til			1				Change	Addition
NAME						5.2 NA	ME						,	
STREET ADDRESS						5.3 S1	REET	ADDRESS						
CITY-ST-ZIP						5.4 CI	TY-SI	T - ZIP						
TITLE	ì				DELETE	6.1 T/1							Change	Addition
NAME						6.2 NA	ME							
STREET ADDRESS					6.3 STI			ADDRESS	1					
מוד דם עדום									ĺ					

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 correlation 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.

1/2/00

Ocu /110- 2723

FILED

Jan 16 1998 8:00am

Secretary of State