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Apr 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L18078 (0)

1. Corporation Name
CIRRUS CAPITAL CORPORATION OF FLORIDA

Principal Place of Business

950 SE 12 ST
HIALEAH FL 33010

Mailing Address

950 SE 12 ST
HIALEAH FL 33010-5931



3. Date Incorporated or Qualified
09/25/1989

3a. Date of Last Report
04/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0145013

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

FINAZZO, NICOLAS
950 SE 12TH ST
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name

MICHAEL R. HENRICKSON

82 Street Address (P.O. Box Number is Not Acceptable)

950 S.E. 12 STREET

83

84 City

HIALEAH

FL

85 Zip Code

33010

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

Michael R. Henrickson

MICHAEL R. HENRICKSON

ASST. SEC. 3-27-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPC	<input type="checkbox"/> DELETE
NAME	BATCHELOR, GEORGE E.	
STREET ADDRESS	950 S.E. 12TH ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BATCHELOR, ANNE O.	
STREET ADDRESS	950 S.E. 12TH ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HIGGINS, JOHN J.	
STREET ADDRESS	950 S.E. 12TH ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MESECHER, BOYD	
STREET ADDRESS	950 S.E. 12TH ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DAWSON, HUMPHREY	
STREET ADDRESS	950 SE 12TH ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WALKER, RAYMOND S	
STREET ADDRESS	950 SE 12TH ST	
CITY-ST-ZIP	HIALEAH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

SEE ATTACHED LIST

14. I do 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. MICHAEL R. HENRICKSON

SIGNATURE:

Michael R. Henrickson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST. SEC.

3-27-97

(305) 889-6222

Date

Daytime Phone #

CR2E034 (9/96)

OFFICERS & DIRECTORS

COMPANY: CIRRUS CAPITAL CORPORATION OF FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>
P/D/C	Batchelor, George E. -	950 S.E. 12th Street Hialeah, FL 33010
D/T	Higgins, John J. -	950 S.E. 12th Street Hialeah, FL 33010
D	Doust, Richard	950 S.E. 12th Street Hialeah, FL 33010
D	Harding-Brown, Greg	950 S.E. 12th Street Hialeah, FL 33010
V	Walker, Raymond S. -	950 S.E. 12th Street Hialeah, FL 33010
V	Mesecher, Boyd D. -	950 S.E. 12th Street Hialeah, FL 33010
S	Ehrman, J.E.	950 S.E. 12th Street Hialeah, FL 33010
AS	Henrickson, Michael R.	950 S.E. 12th Street Hialeah, FL 33010