

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

**FILED**  
**May 15 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 # L18078 (0)**  
 1. Corporation Name  
**CIRRUS CAPITAL CORPORATION OF FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>950 SE 12 ST HIALEAH FL 33010</b>		Mailing Address <b>950 SE 12 ST HIALEAH FL 33010</b>	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>09/25/1989</b>	4. FEI Number <b>65-0145013</b>
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b> <b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

**HENRICKSON, MICHAEL R**  
**950 SE 12TH STREET**  
**HIALEAH FL 33010**

81. Name  
**POLK, RHONDA S.**

82. Street Address (P.O. Box Number is Not Acceptable)  
**950 S.E. 12th STREET**

83. City  
**HIALEAH**

84. State  
**FL**

85. Zip Code  
**33010**

10. Name and Address of New Registered Agent

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: *Rhonda S. Polk*  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE: **4/30/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC <b>BATCHELOR, GEORGE E.</b> 950 S.E. 12TH ST. HIALEAH FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b> <b>DOUST, RICHARD</b> 950 S.E. 12TH ST. HIALEAH FL	12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>T</b> <b>HIGGINS, JOHN J.</b> 950 S.E. 12TH ST. HIALEAH FL	13 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<b>V</b> <b>MESECHER, BOYD</b> 950 S.E. 12TH ST. HIALEAH FL	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>AS</b> <b>DAWSON, HUMPHREY</b> 950 SE 12TH ST. HIALEAH FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>VP</b> <b>WALKER, RAYMOND S</b> 950 SE 12TH ST HIALEAH FL	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		4.2 NAME	<b>V</b> <b>SIMKOVITZ, LEONARD</b>
		4.3 STREET ADDRESS	<b>950 SE 12th Street</b>
		4.4 CITY - ST - ZIP	<b>HIALEAH, FL</b>
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**V**  
**SIMKOVITZ, LEONARD**  
**950 SE 12th Street**  
**HIALEAH, FL**

**SEE ATTACHED LIST FOR ADDITIONAL OFFICERS**

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: *Rhonda S. Polk* **Asst Secretary** **4/13/98** **(305) 889-6222**

CR2E034 (10/97)

**OFFICERS & DIRECTORS**

**COMPANY: CIRRUS CAPITAL CORP. OF FLORIDA**

<b><u>Title</u></b>	<b><u>Name</u></b>	<b><u>Address</u></b>
D	Harding-Brown, Greg	950 S.E. 12 <sup>th</sup> Street Hialeah, FL 33010
S	Ehrman, J.E.	950 S.E. 12 <sup>th</sup> Street Hialeah, FL 33010
AS	Polk, Rhonda	950 S.E. 12 <sup>th</sup> Street Hialeah, FL 33010