FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L27023** **(5)**

1. Corporate Name
FLEX CAPITAL, INC.

Principal Place of Business
2120 W BRANDON BLVD
SUITE 201
BRANDON FL 33511

Mailing Address
2120 W. BRANDON BLVD
SUITE 201
BRANDON FL 33511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2997362 ☐ 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

2. Principal Place of Business
21 130 James Aldredge Blvd
Suite, Apt # etc.
22 —
City & State
23 Atlanta, GA
Zip
24 30336
Country
25 USA

2a. Mailing Address
26 130 James Aldredge Blvd.
Suite, Apt # etc.
27
City & State
28 Atlanta, GA
Zip
29 30336
Country
30 USA

9. Name and Address of Current Registered Agent

EIBERGER, CHRISTIAN, A
2120 W BRANDON BLVD
SUITE 201
BRANDON FL 33511

10. Name and Address of New Registered Agent
81 Name: Steve Corcoran
82 Street Address (P.O. Box Number is Not Acceptable): 4818 Gandy Blvd.
83
84 City: Tampa, FL 85 Zip Code: 33611

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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 of Registered Agent and Date 4/10/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	EIBERGER, HORST
STREET ADDRESS	3631 CLEARVIEW PKWY
CITY-ST-ZIP	DORAVILLE GA
TITLE	S
NAME	CAMPBELL, CAROLINE
STREET ADDRESS	3631 CLEARVIEW PKWY
CITY-ST-ZIP	DORAVILLE GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		☐ Change ☐ Addition
1. NAME		
1. STREET ADDRESS		
1. CITY-ST-ZIP		
2. TITLE		☐ Change ☐ Addition
2. NAME		
2. STREET ADDRESS		
2. CITY-ST-ZIP		
3. TITLE		☐ Change ☐ Addition
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		
4. TITLE		☐ Change ☐ Addition
4. NAME		
4. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		☐ Change ☐ Addition
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		
6. TITLE		☐ Change ☐ Addition
6. NAME		
6. STREET ADDRESS		
6. 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 report or supplemental 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, with all other like empowered.

SIGNATURE: Caroline Campbell 4/28/95 (404) 696-8087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Caroline Campbell

0006143 CP