

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L89205** (3)

1. Corporation Name

SOUTHERN CAPITAL SECURITIES, INC.



Principal Place of Business

**13902 N. DALE MABRY
SUITE 118
TAMPA FL 33618
US**

Mailing Address

**13902 N. DALE MABRY
SUITE 118
TAMPA FL 33618
US**

3. Date Incorporated or Qualified

07/25/1990

3a. Date of Last Report

06/09/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3020138

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

10. Name and Address of New Registered Agent

**HUTEK, STEVEN E.
13902 N. DALE MABRY HWY
SUITE 118
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 type or print name of registered agent (if not the corporation)

Print Name of Registered Agent (signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE
NAME **PVST**
STREET ADDRESS **HUTEK, STEVEN E.**
CITY-ST-ZIP **13902 N. DALE MABRY HWY
TAMPA FL**

11.2 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11.3 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11.4 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11.5 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11.6 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

13.1 TITLE ☐ Change ☐ Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP

13.5 TITLE ☐ Change ☐ Addition
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-ST-ZIP

13.9 TITLE ☐ Change ☐ Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-ST-ZIP

13.13 TITLE ☐ Change ☐ Addition
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-ST-ZIP

13.17 TITLE ☐ Change ☐ Addition
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-ST-ZIP

13.21 TITLE ☐ Change ☐ Addition
13.22 NAME
13.23 STREET ADDRESS
13.24 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 (813) 462 3724

DATE

DATE OF FILING

CR2E034 (12/95)