**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (3)L89205 SOUTHERN CAPITAL SECURITIES, INC. Principal Place of Business Mailing Address 13902 N. DALE MABRY SUITE 118 13902 N. DALE MABRY SUITE 118 DO NOT WRITE IN THIS SPACE **TAMPA FL 33618 TAMPA FL 33618** 3. Date Incorporated or Qualified 07/25/1990 2. Principal Place of Business 2a. Mailing Address Applied For 59-3020138 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zıp Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. TAY Yes No 25 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HUTEK, STEVEN E. 13902 N. DALE MABRY HWY Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 118 **B3** TAMPA FL 33618 84 City 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 (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, DELETE TITLE 1.1 TITLE Change \_\_\_ Addition NAME HUTEK, STEVEN E. 12 NAME 13902 N. DALE MABRY HWY STREET ADDRESS 1.3 STREET ADDRESS tampa fl CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 21 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELFTE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY - ST- ZIP Addition DELETE Change TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change : Addition TITLE 5.1 TITL€ 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

CITY - ST - ZIP 14. Thereby 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 suppliemental 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

61 TITLE

6.2 NAME

63 STREET ADDRESS 6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME STREET ADDRESS

STEVEN E. HUTER 2/9/198

Change

☐ Addition