

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P39971 (7)

1. Corporation Name

INVESTMENT SERVICES CAPITAL CORP.



Principal Place of Business

2960 POST ROAD  
SOUTHPORT CT 06490  
US

Mailing Address

2960 POST ROAD  
SOUTHPORT CT 06490  
US

2. Principal Place of Business

2a. Mailing Address

21 20 N. ORANGE AVENUE

26 20 N. ORANGE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 610

27 SUITE 610

City & State

City & State

23 ORLANDO, FLORIDA

28 ORLANDO, FLORIDA

Zip

Country

Zip

Country

24 32801

25

29 32801

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/10/1992

3a. Date of Last Report

04/17/1995

4. FEI Number

06-1347171

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

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when not stating)

DATE:

12. OFFICERS AND DIRECTORS

TITLE D  
NAME LEE, CLARENCE V., III  
STREET ADDRESS 191 POST ROAD WEST  
CITY-ST-ZIP WESTPORT CT ☒ DELETE

TITLE D  
NAME MOUGHTY, JOHN J., JR.  
STREET ADDRESS 191 POST ROAD WEST  
CITY-ST-ZIP WESTPORT CT ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C  
1.2 NAME FRANK J. NELSON, JR.  
1.3 STREET ADDRESS 20 N. ORANGE AVENUE, SUITE 610  
1.4 CITY-ST-ZIP ORLANDO, FLORIDA 32801 ☐ Change ☒ Addition

2.1 TITLE P/T/D  
2.2 NAME ANTHONY C. LOUVARIS  
2.3 STREET ADDRESS 111 S. MONROE ST. SUITE 2100  
2.4 CITY-ST-ZIP TALLAHASSEE, FLORIDA 32301 ☐ Change ☒ Addition

3.1 TITLE V/S  
3.2 NAME TOM L. IVEY  
3.3 STREET ADDRESS 20 N. ORANGE AVENUE SUITE 610  
3.4 CITY-ST-ZIP ORLANDO, FLORIDA 32801 ☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

TOM L. IVEY

5/2/96

(407) 843-1657

Date

Daytime Phone #

CR2E034 (12/95)