

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000001262 (3)

1. Corporation Name  
**SIX CAPITAL MANAGEMENT, INC.**



Principal Place of Business: 613 EAST LUMSDEN RD. BRANDON FL 33511  
Mailing Address: 613 EAST LUMSDEN RD. BRANDON FL 33511

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Date Incorporated or Qualified: 01/07/1993  
3a. Date of Last Report: 07/10/1995  
4. FEI Number: 59-3174235  
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  
**SIX, RICHARD  
615 EAST LUMSDEN RD.  
BRANDON FL 33511**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D SIX, RICHARD 615 EAST LUMSDEN RD. BRANDON FL 33511  
O SIX, DAVID 1971 W. LUMSDEN RD. #118 BRANDON FL 33511

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP  
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP  
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP  
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP  
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP  
61 TITLE 62 NAME 63 STREET ADDRESS 64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: \_\_\_\_\_ 6-11-96 813 689-8702  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Period

CR2E034 (3/96)