

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000033140 (3)**

1. Corporation Name
ANTARES CAPITAL CORPORATION



Principal Place of Business
**PO BOX 410730
MELBOURNE FL 32941**

Mailing Address
**PO BOX 410730
MELBOURNE FL 32941**

3. Date Incorporated or Qualified **05/05/1993** 3a. Date of Last Report **05/01/1995**

4. FEIN Number **59-3179755** 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 intangibles tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business 2a. Mailing Address

21. State, Apt. #, etc. 26. State, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**COLE, JONATHAN E
% EDWARDS & ANGELL
250 ROYAL PALM WAY SUITE 300
PALM BEACH FL 33480**

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 602.09(2) and 602.11(4), 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. The entity accepts the appointment as registered agent. Form 1441a-1 only, and except the obligations of Section 612.09(1), Florida Statutes.

SIGNATURE _____ TITLE _____

12. OFFICERS AND DIRECTORS

1. TITLE: DELETE NAME: **D POLINER, RANDALL E**

2. STREET ADDRESS: **PO BOX 410730 N/A**

3. CITY, ST, ZIP: **MELBOURNE FL 32941**

4. TITLE: DELETE NAME: _____

5. STREET ADDRESS: _____

6. CITY, ST, ZIP: _____

7. TITLE: DELETE NAME: _____

8. STREET ADDRESS: _____

9. CITY, ST, ZIP: _____

10. TITLE: DELETE NAME: _____

11. STREET ADDRESS: _____

12. CITY, ST, ZIP: _____

13. TITLE: DELETE NAME: _____

14. STREET ADDRESS: _____

15. CITY, ST, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: Change Addition

2. TITLE: Change Addition

3. TITLE: Change Addition

4. TITLE: Change Addition

5. TITLE: Change Addition

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14. TITLE: Change Addition

15. TITLE: Change Addition

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and I do not qualify for the exemption set forth in Section 119.07(4)(g), Florida Statutes. I further certify that the information indicated on this document is true and correct or supplemental amended by the 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, empowere. The filing of this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed. Information to be sent with an order.

SIGNATURE: **RANDALL E. POLINER** 4/2/96 (407) 777-4884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)