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Profit Corporation Annual Report

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| DOCUMENT # P9300049703 (0) 1. Corporation Name # P9300049703 (0) FIRST CAPITAL RESOURCE, INC. Principal Place of Business Mailing Address | | | | | | | | | | | |
|--|--|--|---|--|-----------------------|--------------------------|--|--|---------------------|---------------------------------------|--------|
| \$100 HOLLYWOOD BLVD SUITE 209 | | | 8100 HOLLYWOOD BLVD SUITE 209 | | | | · | | | | |
| HOLLYWOOD F | EL 33024 | HOLLYWO | OD FL 33024-79 | 82 | | | 3. Date Incorporated or Qualified | 3a. Date o | I net B | enort | 1 |
| | | | | | | | 07/15/1993 | 05/01/1 | | ероп | 1 |
| 2. Principal Place of Business | | <u></u> | 2a. Mailing Address | | | | 4. FEI Number Applied i | | | ··· | |
| Suite, Apt | # ote | 26 Suite | Apt. #. etc. | | | | 65-0423922 | | | t Applicable | |
| 22 | w, City. | 27 | r | | | | Certificate of Status Desired | | Fee Re | | |
| City & State | Ġ | | State | | | | 6. Election Campaign Financing | | 5.00 | May Be | 1 |
| 23 Zip | Country | 28 Zip | | T Cau | | | Trust Fund Contribution | | Added I | |] |
| 24 | 25 | · | 29 30 | | Country | | 8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes | | | 199.032, | |
| | 9. Name and Address of Curre | | Agent | 1001 | | | 10. Name and Address of New Re | | | | • |
| | E, ALAN | | | | 81 | Name | | | | | } |
| | HOLLYWOOD BLVD. STE. 208 | • | | | B 2 | Street Add | dress (P.O. Box Number is Not Acceptab | ile) | | | 1 |
| HOL | LYWOOD FL 33024 | | | | 83 | · | | | | | 1 |
| } | | | | | | | | ······································ | | 0. 1 | - |
| | | | | | 64 | City | | FL B | | Code | |
| | to the provisions of Sections 607.05 egistered agent, or both, in the Stat im familiar with, and accept the obliq | 02 and 607.150 e of Florida. Sud gations of, Secti | B. Florida Statut ch change was on 607.0505, Fl | tes, the ai authorize orida Stat | bove d by lutes | named cor the corpora | poration submits this statement for the patients board of directors. I hereby acception's board of directors are the patients and the patients are particular to the patients are patients are patients are patients are particular to the patients are pati | ourpose of cha of the appointm | nging it nent as | s registered registered | |
| SIGNATURE | Signature, typed or pented name of registered ag | ont and title if applice | able (NO) | E: Registere | d Age | nt signature requ | uired when reinstating) | DATE | | | |
| 12. | | ND DIRECTORS | | 13. | | | ADDITIONS/CHANGES TO OFFIC | | | | 8 |
| THE | CD FISKE, ALAN | | C DELETE | 1.1 % | | . | | L | Change | | 0 |
| NAME SURSET ADORESS | 6100 HOLLYWOOD BLVD., ST | E. 209 | | 12 N/ | | ADDRESS . | | | | | 18 |
| City-St-Z2 | HOLLYWOOD FL | | | 1.4 Ci | | · . | | | | | R2F034 |
| TILE | PVTD | | DELETE | 2.1 TO | | · | | | Change | Addition | 5 |
| NAME: | FISKE, ANDREW | | | 2.2 N | AME | | | | | | } |
| STREET ADORESS | 6100 HOLLYWOOD BLVD., ST HOLLYWOOD FL | E. 209 | | | | ADDRESS . | | | | | |
| Ditt | SD SD | · | DELETE | 2 4 C | | ST-ZIP | | | Change | Addition | - |
| NAME | FISKE, STEPHEN | | and order | 3.2 N | | (| | | ~ | | - |
| STREET ADDRESS | 6100 HOLLYWOODK BLVD., S | STE. 209 | | 3.3 \$1 | TREET | ADDRESS | | | | | |
| CHY-51-201 | HOLLYWOOD FL | | | 3 4. C | ITY-S | ST-ZIP | | | | · · · · · · · · · · · · · · · · · · · | } |
| THE | | | ☐ DELETE | 4.1 (1 | | | | | Change | Addition | |
| NAME | | | | 4. 2 N | | | | | | | 1 |
| STHEET ADDRESS | | | | | | AODRESS | | | | | - |
| CITY - ST - ZIP TITLE | | | DELETE | 4.4 CF 5.1 TI | | 1 · ZIP | , | | Change | Addition | 1 |
| NAM' | | | | 5.2 N | | | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | { |
| City-St-ZiP | | | | 5.4 CI | 1 1 Y • S | T-21P | | | | | |
| DILE | A STATE OF THE PROPERTY OF THE | | DELETE | 61 TI | TLE | | | | Change | Addition | |
| NAME | | | | 6.2 N | | 1 | | | | | |
| SPREEL ADDRESS | | | | | | ADDRESS | | | | | |
| CHY ST-ZIP | | | | 6.4 CI | TY - S | T- ZIP | | | | | 4 |

14. I do hereby certify that the information supplied with this filling 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 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/15/4

FILED

Apr 25 1997 8:00am

Secretary of State

954-967-66W

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