


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

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8: 11

DOCUMENT # P94000006466 (4)
1. Corporation Name
DE MORGAN CAPITAL CORPORATION

Principal Place of Business Mailing Address
1001 N. U.S. HIGHWAY ONE SUITE 601 JUPITER FL 33477

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/18/1994
3a. Date of Last Report
4. FEI Number 65-0461133 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. 199.0032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
BARWICK, ROBERT D
1001 N. U.S. HIGHWAY ONE
SUITE 601
JUPITER FL 33477

10. Name and Address of New Registered Agent
81 Name
82 Street Address (F.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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	CHAIRMAN/Exec. Vice President & Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARWICK, ROBERT D	1.2 NAME	
STREET ADDRESS	1001 N. U.S. HIGHWAY ONE, SUITE 601	1.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL 33477	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, WILLIAM	2.2 NAME	
STREET ADDRESS	1001 N. U.S. HIGHWAY ONE, SUITE 601	2.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL 33477	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLS, TRACY M	3.2 NAME	
STREET ADDRESS	1001 N. U.S. HIGHWAY ONE, SUITE 601	3.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL 33477	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(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: Tracy M Wills 8/24/95 407/747-0880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR