FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400008740 (0) 1. Corporation Name

REILLY CAPITAL CORPORATION

FILED							
May 11 1998 8:00am							
Secretary of State							

Principal Plac	ce of Business	Mailing Address				OBJET LOTAL ESPETE STORY ONLY 1891	
526 CENTRAL AVENUE POST OFFICE BOX 861 SUITE 200 ST. PETERSBURG FL 33731-0			11-08 61				
ST PETERSBURG FL 33701-3704 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
"					01/25/1994		
2. Principal F	Place of Business	2a. Mailing Address	·····		4. FEI Number	Applied For	
21 26					59-3217199	Not Applicable	
Sulte, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22 27					a. Commodition Charles Desired	Fee Required	
City & State		City & State	¬		6. Election Campaign Financing	\$5.00 May Be	
		7ip	Country		Trust Fund Contribution	Added to Fees	
24	25	29 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	g. Name and Address of Curre			· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Register		
RE	ILLY, STEVEN		81 N	ame			
528 C e ntral avenue			62 S	reet Addre	ddress (P.O. Box Number is Not Acceptable)		
SUITE 200							
ST	PETERSBURG FL 33701		83				
			84 C	ty		85 Zip Code	
11. Pursuant	to the provisions of Sections 607 Of	02 and 607 1508 Florida Statute	s the shove-na	med corpo	ration submits this statement for the purpose	*L	
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	In lamila Milyano accept the con	gallons of Scholl Sup. 0303, Flor	iua otațules.		و - زر برو د - زر برو	? \$	
SIGNATURE	Signature, typed or printer name of registered is	jent and tille if applicable (NOTE	Flog-stered Agent sig	nature requires		<i>Q</i>	
12.	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	•		1.1 TITLE			Change Addition	
GOO OFFITON ANTAUE OFFI		1.2 NAME					
CITY-ST-ZIP	ST PETERSBURG FL	IE 200	1.3 STREET ADDI	l l			
TITLE	OF TETETIODONO TE	DELETE	21 TITLE			Change Addition	
NAME			22 NAME				
STREET ADDRESS	STREET ADDRESS		2 3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY - ST - ZIP				
TATLE	DELETE 3.1		3.1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDE				
CITY-ST-ZIP TITLE			3.4 CITY-ST-ZII 4.1 TITLE	<u>'</u>		Change Addition	
NAME			4. 2 NAME			C CHANGE C AUDITION	
STREET ADDRESS			4.3 STREET ADDR	ESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE			5.1 TITLE		Change Additio		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDR	ESS			
CITY-ST-ZWP		DEVEST	5.4 CITY - ST - ZIP				
TITLE		☐ DELETE	6.1 Trīlē			Change Addition	
NAME OTREET ADDRESS			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDR	ESS !			

6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as it 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 oddress