

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000045106 (9)

1. Corporation Name

U.S. CAPITAL MANAGEMENT, INC.



Principal Place of Business

540 CARILLON PKWY - #2014
ST. PETERSBURG FL

Mailing Address

540 CARILLON PKWY - #2014
ST. PETERSBURG FL

NEW TIN:

3. Date Incorporated or Qualified
06/16/1994

3a. Date of Last Report
10/12/1995

2. Principal Place of Business

21 122 S. HOWARD AVENUE

2a. Mailing Address

26 122 S. HOWARD AVENUE

4. FEI Number
~~59-3252650~~ 59-3342200

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

23 TAMPA, FLORIDA

City & State

28 TAMPA, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33606

Country

25 USA

Zip

29 33606

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTHSCHILD, FRANK P
540 CARILLON PKWY, #2014
ST. PETERSBURG FL 33176

81 Name

DOUGLAS ZEPKA

82 Street Address (P.O. Box Number is Not Acceptable)

122 S. HOWARD AVENUE

83

84 City

TAMPA

FL

85 Zip Code

33606

11. Pursuant to the provisions of Sections 607.0507 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

Signature typed in Block 12 or 13 of this form by registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE:

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME P
STREET ADDRESS ROTHSCCHILD, FRANK P
CITY-ST-ZIP 540 CARILLON PKWY, #2014
ST. PETERSBURG FL 33716

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/T/D/COO ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 122 S. HOWARD AVENUE
1.4 CITY-ST-ZIP TAMPA, FL 33606

2.1 TITLE P/D/S ☐ Change ☒ Addition
2.2 NAME DOUGLAS ZEPKA
2.3 STREET ADDRESS 122 S. HOWARD AVENUE
2.4 CITY-ST-ZIP TAMPA, FL 33606

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

FRANK P. ROTHSCHILD

4/18/96

813-258-5501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)