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FILED

Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

122 S. HOWARD AVE  
TAMPA FL 33606  
US

Mailing Address

122 S HOWARD AVE  
TAMPA FL 33606-1725  
US



3. Date Incorporated or Qualified

06/16/1994

3a. Date of Last Report

04/23/1996

4. FEI Number

59-3342200

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. 199.032,  
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 5500 ULMERTON ROAD

Suite, Apt. #, etc.

22

City & State

23 CLEARWATER, FLORIDA

Zip

24 34620

Country

25 U.S.A.

2a. Mailing Address

26 P.O. BOX 17544

Suite, Apt. #, etc.

27

City & State

28 CLEARWATER, FLORIDA

Zip

29 34622-0544

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

DOUGLAS ZEPKA  
122 S. HOWARD AVENUE  
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

FRANK P. ROTHSCHILD

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

5500 ULMERTON ROAD

83

84 City

CLEARWATER

FL

85 Zip Code

34620

11. Pursuant to the provisions of Sections 607.0402 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

*Frank P. Rothschild*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VTDC ☐ DELETE

NAME ROTHSCHILD, FRANK P  
STREET ADDRESS 122 S HOWARD AVENUE  
CITY-ST-ZIP TAMPA FL

TITLE PDS ☐ DELETE

NAME DOUGLAS ZEPKA  
STREET ADDRESS 122 S. HOWARD AVENUE  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VTD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 5500 ULMERTON ROAD

1.4 CITY-ST-ZIP CLEARWATER, FL 34620

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 5500 ULMERTON ROAD

2.4 CITY-ST-ZIP CLEARWATER, FL 34620

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 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:

*Frank P. Rothschild*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK P. ROTHSCHILD

813-258-5501

Date

Daytime Phone

CR2E034 (9/96)