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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

FILED

Jun 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400051467 (6)

JAMES CAPITAL CORPORATION, INC.

		CONFORMION	'er versken de kee van e	olling Address									
Principal Place of Business 1424 EAST LAKE DRIVE FT. LAUDERDALE FL 33316 US			14) FT	Mailing Address 1424 E. LAKE DRIVE FT. LAUDERDALE FL 33316-2406 US									
									3. Date Incorporated or Qualified 07/12/1994		ate of Last 10/199 6		
2. Principal Pl	lace of Busi	ness	2e. 26	Mailing Address					4. FET Number 65-0566423	,	<u> </u>	Applied For Not Applicable	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip		Country 25	29	7 ip	30	ountry			8. This corporation has liability for Florida Statutes		e tax unde	rs. 199 032,	
	9, Name	and Address of Cu		tered Agent	1.5.5.1				10. Name and Address of New Re	gistered	Agent		
CORPORATION INFORMATION SERVICES INC.							Nam	e					
1201 HAYS ST. TALLAHASSEE FL 32301				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Stree	l Addre	ss (P.O. Box Number is Not Acceptat	ıle)			
IALLANASSEE PL 32301													
						84	City	· · · · · · · · · · · · · · · · · · ·		FL	85 Z	ip Code	
11. Pursuant to office or reagent. La	to the provis egistered ac m familiar w	sions of Sections 607. gent, or both, in the S ith, and accept the of	0502 and 6 tate of Florid bligations of	07 1508, Florida Stal da. Such change wa f. Section 607.0505.	lules, the is authoria Florida S	above zed by tatutes	l p-namo r the co	d corpo orporatio	ration submits this statement for the pon's board of directors. I hereby accept			g its registered as registered	
SIGNATURE										P. A.16			
12.	Signature, lyped	or printed name of registero	AND DIRLO		OTE Regisk		int signat	ne required	when roinstating) ADDITIONS/CHANGES TO OFFICE	DATE YERS AND	n higeoti	OBS N 12	
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NAME	_,	AY, JAMES C		<u>(</u>	1	NAME						,-	
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6.4 CITY-ST-ZIP

14. To 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 on an aralysis of the same terms of 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 on an aralysis of the same terms of the receiver of 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 on an aralysis of the same terms of the receiver of 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 on an aralysis of the same terms of the receiver of 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 on the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes.