SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000051467 (6)

JAMES CAPITAL CORPORATION, INC.

FILED Jul 16 1998 8:00am Secretary of State



Principal Place of Business Malling Address						1 100(189) (1) 19(1) 8(6) 4(1) 40(1)		1 11910 81618 81167 6897 1891
1424 EAST LAKE DRIVE 1424 E. LAKE DRIVE								
FT. LAUDERDALE FL 33316			FT. LAUDERDALE FL 33316			DO NOT WRITE IN THIS SPACE		
US I		US	US			3. Date Incorporated or Qualified		
						07/12/1994		
2. Principal P	lace of Business	2a. Malling Address	2a. Malling Address			4. FEI Number		Applied For
21		 1 σ	26			65-0566423		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	·				TQ.	\$8.75 Additional
22		27	27			5. Certificate of Status Desired	120	Fee Required
City & State		City & State	City & State		·····	6. Election Campaign Financing		\$5.00 May Be
23	3 28					Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Count			8. This corporation owes or has paid the current year intangible		
24	[25]	29	30			Personal Property Tax due Jur		
	9. Name and Address of Curre		· · · · · · · · · · · · · · · · · · ·	81 1		10. Name and Address of New R	tegistered Ag	ent
CORPORATION INFORMATION SERVICES INC.					Name			
1201 HAYS ST.			82 Street Add		Street Addre	ss (P.O. Box Number Is Not Accepta	bie)	-
TALL	AHA\$SEE FL 32301					, , , , , , , , , , , , , , , , , , ,		
				83				
			Į	84 (City	,18	FL	85 Zip Code
44 5	14-41- 007 000			di - a halta di la atala - ad fa di a				
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registe 12. OFFICERS AND DIRECTORS 13.					ii signature requir	ADDITIONS/CHANGES TO OF		DIRECTORS IN 12
TITLE	OP OF THE PROPERTY OF THE PROP	DELETE 1.11		F		Change Addition		
NAME			1.2 NAM		Change L		Change L Addition	
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CITY-ST-ZIP				2.4 CITY-ST-ZIP				
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CITY-ST-ZIP			3.4 CITY					
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STREET ADDRESS			4.3 STRE	EET ADO	ORESS			ŀ
CITY-ST-ZIP			4.4 CITY	-ST-ZIF	p			
TITLE		DELETE	5.1 TITLE					Change Addition
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STREET ADDRESS			5.3 STRE		DRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIF	p			
TITLE		DELETE	6.1 TITLE					Change Addition
NAME			6.2 NAM	ΙE			_	
STREET ADDRESS			6.3 STRE	EETADI	DRESS			
CITY-ST-ZIP			6.4 CITY					
	ertify that the information supplied with	h this filing does not qualify for t				on 110 07/3\/i\ Florida Statutes fud	har cartify the	the information

nereby 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 on 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.