
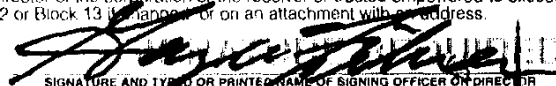


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS							
<b>DOCUMENT # P94000052411 (3)</b> 1. Corporation Name <b>SOUTHERN CAPITAL ADVISORS INCORPORATED</b>											
Principal Place of Business <b>9951 ATLANTIC BLVD. SUITE 244 JACKSONVILLE FL 32225</b>			Mailing Address <b>9951 ATLANTIC BLVD. SUITE 244 JACKSONVILLE FL 32225-6589</b>								
2. Principal Place of Business 21 <b>9951 ATLANTIC BLVD</b> 22 <b>#244</b> 23 <b>JACKSONVILLE, FL</b> 24 <b>32225</b>		2a. Mailing Address 26 <b>9951 ATLANTIC BLVD</b> 27 <b>#244</b> 28 <b>JACKSONVILLE, FL</b> 29 <b>32225</b>		3. Date Incorporated or Qualified <b>07/13/1994</b> 3a. Date of Last Report <b>04/29/1996</b>							
4. FEI Number <b>59-3255470</b>		Applied For <input type="checkbox"/> Not Applicable									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees									
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10. Name and Address of New Registered Agent 81 Name <b>GARY W FISHER</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>9951 ATLANTIC BLVD.</b> 83 <b>#244</b> 84 City <b>JACKSONVILLE</b> FL 85 Zip Code <b>32225</b>									
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											
12. OFFICERS AND DIRECTORS 12.1 TITLE <input type="checkbox"/> DELETE NAME <b>FISHER, GARY W</b> STREET ADDRESS <b>11742 WHITE BLUFF DRIVE S.</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32225</b> 12.2 TITLE <input type="checkbox"/> DELETE NAME <b>BOSSOW, GREGORY A</b> STREET ADDRESS <b>2005 SANDPIPER POINT</b> CITY-ST-ZIP <b>NEPTUNE BEACH FL 32266</b> 12.3 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 12.4 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 12.5 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 12.6 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 applicable) or on an attachment with an address.											
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date <b>4/10/97</b> Daytime Phone <b>904 721-9892</b>											

CR2E034 (9/96)