

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

FILED  
Apr 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P94000052411 (3)  
1. Corporation Name  
SOUTHERN CAPITAL ADVISORS INCORPORATED



Principal Place of Business 9951 ATLANTIC AVENUE SUITE 149 JACKSONVILLE FL 32225 US	Mailing Address 9951 ATLANTIC BLVD. SUITE 149 JACKSONVILLE FL 32225 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9951 ATLANTIC BLVD SUITE 149 JACKSONVILLE 32225 FL 24 32225	2a. Mailing Address 26 9951 ATLANTIC BLVD SUITE 149 JACKSONVILLE 32225 FL 29 32225	3. Date Incorporated or Qualified 07/13/1994	4. FEI Number 59-3255470	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required	
\$5.00 May Be Added to Fees				

9. Name and Address of Current Registered Agent FISHER, GARY W 9951 ATLANTIC BLVD. SUITE 149 JACKSONVILLE FL 32225	10. Name and Address of New Registered Agent 81 Name FISHER, GARY W 82 Street Address (P.O. Box Number is Not Acceptable) 9951 ATLANTIC BLVD SUITE 149 83 JACKSONVILLE 84 JACKSONVILLE FL 32225 85 Zip Code 32225
--	--

11. Pursuant to the provisions of Sections 607.0602 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, GARY W 11412 WHITE BLUFF DRIVE-0. 5169 RIVER JACKSONVILLE FL 32225 32277 DELETER	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSSOW, GREGORY A 2005 SANDPIPER POINT NEPTUNE BEACH FL 32208 DELETER	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETER	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETER	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETER	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETER	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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:  GARY W FISHER 4/4/98 781-9392

CR2E034 (10/97)