

AMOUNT DUE ON OR BEFORE 8/7/95: \$225 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000065638 (6)**

1. Corporation Name

**J.S. CAPITAL CORP.**

Principal Place of Business

Mailing Address

**2900 N. 14TH STREET, SUITE 12  
NAPLES FL 33940**

**2900 N. 14TH STREET, SUITE 12  
NAPLES FL 33940**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip **34103** 25 Country

28 Zip **34103** 29 Country

3. Date Incorporated or Qualified

**09/07/1994**

3a. Date of Last Report

**09/01/1995**

4. FEI Number

**65-0521090**

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

9. Name and Address of Current Registered Agent

**SPOUNIAS, JAMES D.  
2900 14TH ST. N. STE 12  
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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 of the person or persons of registered agent and their applicable

(NOTE: Registered Agent signature required when new filing)

(DATE)

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **P**  
NAME **SPOUNIAS, JAMES D**  
STREET ADDRESS **2900 14TH ST N STE 12**  
CITY - ST - ZIP **NAPLES FL 33940**

TITLE **STD**

☐ DELETE

NAME **SPOUNIAS, SAMUEL J**  
STREET ADDRESS **2900 N. 14TH STREET, SUITE 12**  
CITY - ST - ZIP **NAPLES FL 33940**

TITLE

☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE

☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE

☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE

☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Samuel J. Spounias*

**SAMUEL J. SPOUNIAS**

**8-1-96**

**941263 8288**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Page

Output Print

CR2E034 (3/96)