

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # P94000068347 (1)

1. Corporation Name

CORPORATE CAPITAL, INC.

Principal Place of Business

974 DOUGLAS AVE. 100
ALTAMONTE SPRINGS FL 32714

Mailing Address

974 DOUGLAS AVE. 100
ALTAMONTE SPRINGS FL 32714-2054

2. Principal Place of Business

21 222 W. COMSTOCK AVE

Suite, Apt. #, etc.

22 STE. 221

City & State

23 WINTER PARK, FL.

Zip

24 32789

Country

25 US

2a. Mailing Address

26 222 W. COMSTOCK AVE.

Suite, Apt. #, etc.

27 STE. 221

City & State

28 WINTER PARK, FL.

Zip

29 32789

Country

30 US

9. Name and Address of Current Registered Agent

FIELDS, RANDOLPH H
111 N. ORANGE AVE.
SUITE 2050
ORLANDO FL 32801

3. Date Incorporated or Qualified

09/12/1994

3a. Date of Last Report

08/08/1996

4. FEI Number

59-3275011

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S
NAME SEMONES, BOB
STREET ADDRESS 974 DOUGLAS AVE., SUITE 100
CITY-ST-ZIP ALTAMONTE SPRINGS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME SEMONES, BOB
1.3 STREET ADDRESS 974 DOUGLAS AVE., SUITE 100
1.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32789

☒

Change

☐

Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐

Change

☐

Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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Change

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Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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Change

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Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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Change

☐

Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐

Change

☐

Addition

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 changed, or on an attachment with an address.

SIGNATURE

[Signature]



CR2E034 (9/96)