

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000084116 (0)

1. Corporation Name

ASSOCIATED CAPITAL EQUITIES CORP.



Principal Place of Business

Mailing Address

200 E ROBINSON ST
SUITE 800
ORLANDO FL 32801

200 E ROBINSON ST
SUITE 900
ORLANDO FL 32801

3. Date Incorporated or Qualified
11/17/1994

3a. Date of Last Report
04/27/1995

2. Principal Place of Business
21 1035 S. Semoran Blvd.

2a. Mailing Address
26 1035 S. Semoran Blvd.

4. FEI Number
59-3288274

Applied For
Not Applicable

Suite, Apt. #, etc.
22 Suite 1007

Suite, Apt. #, etc.
27 Suite 1007

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

City & State
23 Winter Park, FL

City & State
28 Winter Park, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip
24 32792 Country
25 US

Zip
29 32792 Country
30 US

8. This corporation has liability for intangible tax under s. 199.03?
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUILDER, J L JR
390 N ORANGE AVE
SUITE 1300
ORLANDO FL 32801

81 Name
James R. Heistand

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

1035 S. Semoran Blvd.

83 Suite 1007

84 City
Winter Park FL 85 Zip Code
32792

11. Pursuant to the provisions of Sections 607.0501 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

James R. Heistand, President 8-5-96

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

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HEISTAND, JAMES R
200 E ROBINSON ST SUITE 900
ORLANDO FL 32801

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
P, S
Heistand, James R.
1035 S. Semoran Blvd., Suite 1007
Winter Park, FL 32792

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DEMETREE, MARY L
3348 EDGEWATER DR
ORLANDO FL 32804-3796

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
V, T
Demetree, Mary L.
3348 Edgewater Dr.
Orlando, FL 32804-3796

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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:

James R. Heistand, President 8-5-96 (407) 673-4242

Date

Signature Printed Name