

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000002722 (3)

1. Corporation Name
B. JACE CAPITAL GROUP, INC.

Principal Place of Business

Mailing Address

~~4180 SPRING CENTRE SOUTH BLVD.
SUITE 000
ALTAMONTE SPRINGS FL 32714~~

~~4180 SPRING CENTRE SOUTH BLVD.
SUITE 300
ALTAMONTE SPRINGS FL 32714~~



2. Principal Place of Business

2a. Mailing Address

21 145 Wekiva Springs Rd

26 PO Box 3487

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 105

27

City & State

City & State

23 Longwood FL

28 Longwood FL

Zip

Country

Zip

Country

24 32779

25 USA

29 32779

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/09/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3313668

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

ASHE, PAUL R
4180 SPRING CENTRE SOUTH BLVD.
SUITE 000
ALTAMONTE SPRINGS FL 32714

81. Name

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

145 Wekiva Springs Rd

Suite 105

City

Longwood

FL

85. Zip Code

32779

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

TITLE D
NAME COCHRAN, JAMES
STREET ADDRESS ~~4180 SPRING CENTRE SOUTH BLVD., SUITE 300~~
CITY-ST-ZIP ~~ALTAMONTE SPRINGS FL 32714~~

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME 145 Wekiva Springs Rd
1.3 STREET ADDRESS Suite 105
1.4 CITY-ST-ZIP Longwood FL 32779

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

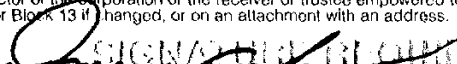
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE
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 changed, or on an attachment with an address.

SIGNATURE:  JAMES COCHRAN 4/30/97 407-865-6101

CR2E034 (9/96)