FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

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1. Corporation	OYAL CAPITAL, N.A., INC.	0005156 (7)		(N) 8 1111 61111 11821 8181 1181 1681
Principal Place of Business		Mailing Address			
		SOIS N. OCEAN BLVD. SUITE 106		3. Date Incorporated or Qualified 3a. Date of Last Report 01/17/1995	
21 5 4 4 Suite, Apt. 4 22 City & State 23 Cora1	Springs,FL	· · • · · · · · · · · · · · · · · · · ·	ptings, F1	4. FEI Number 6.5 - 0.5.5.2.2.7.3 5. Gertificate of Status Desired 4. Flection Campaign Financing Trust Fund Contribution	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
7ip 24 3306	Country 57 25 Broward 9, Name and Address of Current	Zip 29 3 3 0 6 7 t Registered Agent	Country 30 Broward 81 Name	8. This corporation has liability for intangith Florida Statutes Yes XXN0 10. Name and Address of New Register	0
-3015 N SUITE-1: FT: LAU	to the previsions of Sections 607,0502 ed agent, or both, in the State of Florid in, and acceptance obligations of Sections	and 607 1508, Florida Statut la. Such change was authoriz on 607 0505, Florida Statutes Murray	83 Co 84 City Corr es, the above named corpored by the corporation's boar	ress (F.O. Box Number is Not Acceptable) 46 NW 57 Way ral Springs ral Springs ration submits this statement for the purpose of orderectors. Thereby accept the appointment	2 Zip Code 33067 Changing its registered office It as registered agent. I am
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS ND D STITSKY, MURRAY -3015 N. OCEAN BLVD., SUITE FT. LAUDERDALE FL 33308		13. 1 1 THILE 12 NAME 13 STREE! ADDRESS 14 CITY - ST- ZIP	March ADDITIONS/CHANGES TO OFFICERS President/Directo 5446 NW 57 Way	· r
THLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELFTE	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST- Z-P	Coral Springs, F1-	3 306 7 Charge Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		Ŭ DEL€TE	3 1 TITLE 3 2 NAME 3 3 STREET AUDRESS : 3 4 CHY - ST - ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4 1 TITLE 42 NAME 43 STHEET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
THILE NAME STREET ADDRESS CHY-ST-ZIP		☐ DELETE	5 1 THLE 52 NAME 53 SFREET ADDRESS 54 CHY+ST-ZBP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ DELETE	6 1 THEF 6 2 NAME 6 3 STREET ADDRESS		Change Addition

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Murray Stitsky President

March 19,1996