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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P9600001280 (2)

FINANCIAL CAPITAL MANAGEMENT, INC.

Principal Place of Business Mailing Address 713 CORAL REEF DR 713 OORAL REEF DR TAMPA FL 83602 RAMP FL 33602-5792 3. Date Incorporated or Qualified 3a. Date of Last Report 04/30/1996 12/29/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0632616 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes □ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BATOFF, EVAN R 713 CORAL REEF DR 82 Street Address (P.O. Box Number is Not Acceptable) **TAMP FL 33602** 83 84 City 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. **BIGNATURE** Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. PTSM TITLE DELETE Change Addition 1. TITLE BATOFF, EVAN R NAME 1 2 NAME 713 CORAL REEF DR STREET ADDRESS 1.8 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 11116 ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.8 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 THEE NAME 3.2 NAME STREET ADDRESS 3.8 STREET ADDRESS CHTY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE 4.2 NAME STREET ADDRESS 4 \$ STREET ADDRESS CITY-ST-ZIP 4 | CITY-ST-ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.9 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6 I TITLE NAME 6.2 NAME STREET ADDRESS 6.9 STREET ADDRESS CITY-ST-ZIP 6.4 DITY-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.

FILED May 05 1997 8:00am Secretary of State

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