SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

FILED
Jul 16 1998 8:00am
Secretary of State

DOCUMENT # **P96000009607 (8)**

1. Corporation Name

VIATICAL CAPITAL, INC.

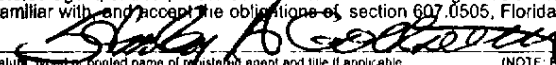Principal Place of Business

1605 MAIN ST., SUITE 1109
SARASOTA FL 34236

Mailing Address

1605 MAIN ST., SUITE 1109
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/30/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		**65-0706580**	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22		27			
City & State		City & State		6. Election Campaign Financing ☐	**$5.00** May Be
23		28		Trust Fund Contribution ☐	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30. ☒ Yes ☐ No	

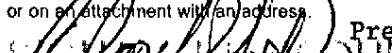| 9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KATZ, LAWRENCE H 341 N. MAITLAND AVENUE SUITE 120 MAITLAND FL 32751	81 Name STANLEY A. GOLDSMITH, Attorney at Law 82 Street Address (P.O. Box Number is Not Acceptable) 1605 Main Street, Suite 1001 83 84 City Sarasota FL 85 Zip Code 34236

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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME YORK, C. DOUGLAS		1.2 NAME	
STREET ADDRESS 1605 MAIN ST., STE 1109		1.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34236		1.4 CITY-ST-ZIP	
TITLE VPST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME COYNE, R. KINGSTON		2.2 NAME	
STREET ADDRESS 1605 MAIN ST., SUITE 1109		2.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34236		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: Pres.   7-16-98

CR2E034 (5/98)