

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

\$550.00


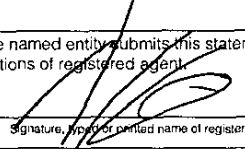
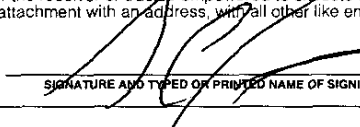
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07302004 Chg-P CR2E034 (10/03)

DOCUMENT # P96000009607			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address 1441 BRICKELL AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 15TH FLOOR	
City & State		City & State MIAMI, FL	
Zip	Country	Zip	Country
		33131	US
4. FEI Number 65-0706580		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHAMPLIN, RICHARD 1605 MAIN ST STE 1109 SARASOTA, FL 34236		Name DAVID M. LEVINE, AS RECEIVER	
		Street Address (P.O. Box Number is Not Acceptable) FOUR SEASONS TOWER, 15TH FLOOR	
		1441 BRICKELL AVENUE	
		City MIAMI	FL Zip Code 33131
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DAVID M. LEVINE, as Receiver	
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMPLIN, RICARD 5863 BRIARWOOD AVE SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID M LEVINE, AS RECEIVER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1441 BRICKELL AVENUE, 15TH FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONSSON, STEVE 3904 PINAR DR BRADENTON, FL 34210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300040429063 08/23/04--01066--001 **2200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYERS, WILLIAM 7434 ALBERT TILLINGHAST DR SARASOTA, FL 34240 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BRYAN, J. PATRICK 822 BAY SHORE LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DAVID M. LEVINE, as Receiver	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8/9/04 305/536-1112 Daytime Phone #	