**PROFIT** CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT DE STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000010470

Corporation Name

AMERICAN CAPITAL GROUP, INC.

Feb 21, 1999 8:00 am Secretary of State 02-21-1999 90041 023 \*\*\*150.00



FILED

Principal Place of Business Mailing Address 11077 BISCAYNE BLVD. 11077 BISCAYNE BLVD. SUITE 307 SUITE 307 DO NOT WRITE IN THIS SPACE MIAMI FL 33161 MIAMI FL 33161 3. Date Incorporated or Qualifed 02/01/1996 2a. Mailing Address 4. FEI Number Applied For Principal Place of Busines 59-3435710 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired . Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes the current year Intangible 29 30 Personal Property Tax. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BARON, RICHARD Street Address (P.O. Box Number is Not Acceptable) 82 11077 BISCAYNE BLVD. SUTIE 307 83 **MIAMI FL 33161** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition ☐ DELETE 11 TITLE BARON, RICHARD 1.2 NAME 11077 BISCAYNE BLVD. 13 STREET ADDRESS CARLET ADDRESS **MIAMI FL 33161** 1.4 CITY-ST-ZIP ST-ZIP ☐ DELETE ☐ Addition 2.1 TITLE WINER, SAMUEL L. 22 NAME 251 WINDWARD PASSAGE, SUITE F 2.3 STREET ADDRESS \*\_\_ : ADDRESS **CLEARWATER FL** 2. 4 CITY-ST-ZIP ST-ZIP ☐ Addition ☐ DELETE 31700 F 3.2 NAME 3.3 STREET ADDRESS \_\_: ADDRESS 3.4. CITY-ST-ZIP ST ZIP ☐ Change Addition ☐ DELETE 4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS -\_ I ADDRESS 4.4 CITY-ST-ZIF ST-ZIP Change Addition ☐ DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS · · · I ADDREŠS 5.4 CITY-ST-ZIP ST-ZIP DELETE 6.1 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS 1 848 784 533

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 of 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 a address, with all other like empowered.

6.4 CITY-ST-ZIP

---NATURE:

ST-ZIP

CR2E034 (11/98)