

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000024840 (6)

1. Corporation Name

FIRST COAST CAPITAL, INC.

Principal Place of Business

~~2000 SW THIRD AVE~~
~~SUITE 901~~
~~MIAMI FL 33129~~

Mailing Address

~~2000 SW THIRD AVE~~
~~SUITE 901~~
~~MIAMI FL 33129~~



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1996

4. FEI Number

65-0682886

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes ☐ No

2. Principal Place of Business

21 1000 BRICKELL AVE.

Suite, Apt. #, etc

22 SUITE 900

City & State

23 MIAMI FL

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 1000 BRICKELL AVE.

Suite, Apt. #, etc

27 SUITE 900

City & State

28 MIAMI FL

Zip

29 33131

Country

30 USA

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BOULEVARD
1800 MIAMI CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

HAROLD L. CONNELL

82 Street Address (P.O. Box Number is Not Acceptable)

1000 BRICKELL AVE.

83

SUITE 900

84 City

MIAMI

FL

85 Zip Code

33131

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

X

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME DPT CONNELL, HAROLD L

STREET ADDRESS 2000 SW THIRD AVE SUITE 901

CITY - ST - ZIP MIAMI FL 33129

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

1000 BRICKELL AVE - SUITE 900

MIAMI FL 33131

☐ Change ☐ Addition

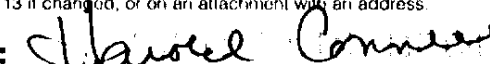
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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:  HAROLD L. CONNELL Pres. 4/20/98 305-379-7100

CR2E034 (10/97)