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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

1. Corporatio	ISBY CAPITAL, INC.	0033740 (7	')		72 (1)36 (1)14 (10)1 (10)1 (10)1 (10)1
Principal Plac	e of Business	Mailing Address		I RECHECT THE TOTAL DIVIN COUNT	I
1401 BRICKELL AVE. SUITE 700 MIAMI FL 33131		1581 BRICKELL AVE.			
		#2001		DO NOT WRITE IN THIS SPACE	
		MIAMI FL 33129-1240 US		3. Date Incorporated or Qualified	IS SPACE
		•		04/15/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0662304	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	B. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	☑ Yes □ No
	9. Name and Address of Curren	t Hegistered Agent	81 Name	10. Name and Address of New Registere	d Agent
	ORNSBY, CYRUS E III				
1401 BRICKELL AVE., SUITE 700 MIAMI FL 33131			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33131			83		
			•		
			84 City	F	L 85 Zip Code
SIGNATURE	m familiar with, and accept the obliga Stamature, typed or profest near of registers (age OFFICERS ANI	nta od blie 4 app'o ato (NO) DIRLCTORS	lorida Statutos. 11. Itegistiked Agent signature requ. 13.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a rest when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	L_ DILETE	1.1 TITLE		Change Addition
NAME	HORNSBY, CYRUS E III		1.2 NAME		
STREET ADDRESS	1581 BRICKELL AVE., #200		1.3 STREET ADDRESS	33/29	`
CITY-ST-2AP TITLE	MIAMI FL	DELETE	1.4 CHY - ST - ZIP 2.1 TITLE	3.5121	Change Addition
NAME			22 NAME		L Change L Aboution
STREET ADDRESS			2 3 STHEET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-7IP		
TITLE		☐ DELETE	3.1 TILLE		Change Addition
NAME			. 3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		D Section	3.4 CITY-S1-7IP		
TITLE		□ bri€i€	4.1 7(1)(6		Change Addition
NAME etheet annocee			4. 2 NAME		
STREET ADDRESS City-St-Zip			4.3 STRELT ADDRESS		
TITLE		DELETE	4.4 CNY-S1- ZIP 5.1 THLF		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIF		
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		
				Section 110 07/2\(\text{i}\) Elevida Statulas I further	

Thereby compy that the information supplied with this filling does not qualify for the exemption stated in Socion 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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

Apr 14 1998 8:00am

Secretary of State