## 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 **DOCUMENT #**

P96000035237 (2)

NCR CAPITAL CORPORATION

## **FILED** Mar 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 5255 N. FEDERAL HWY. 2ND FLOOR 5255 N. FEDERAL HWY. 2ND FLOOR **BOCA RATON FL 33487 BOCA RATON FL 33487** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>04/22/1996</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0663863 Not Applicable Suite, Apt. #, etc. Suite. Ant. #. etc. \$8.75 Additional 5. Certificate of Status Desired 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 □ Ño 24 25 29 30 Personal Property Tax due June 30. ☑ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WILSON, ROBERTA 5255 N. FEDERAL HWY. Street Address (P.O. Box Number is Not Acceptable) 62 **BOCA RATON FL 33487-2525** 83 City 84 85 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) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE Addition HARTL, JEROME A NAME 12 NAME CRZE034 STREET ADDRESS 5255 N. FEDERAL HWY. 1.3 STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP 1.4 CHTY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE WILSON, ROBERTA NAME 2.2 NAME 5255 N. FEDERAL HWY. STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE GODWIN, BRUCE D NAME 3.2 NAME 5255 N. FEDERAL HWY. STREET ADDRESS 3.3 STREET ADORESS **BOCA RATON FL 33487** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TALE Change Addition PARK, GERALD E 4. 2 NAME NAME 5255 N. FEDERAL HWY. STREET ADDRESS 4.3 STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition BROWN, MICHAEL J NAME 5.2 NAME 5255 N. FEDERAL HWY. STREET ADDRESS 5.3 STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME 6.3 STREET ADDRESS 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 hoseceiver 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 ony application with an address.

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