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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000055267 (4)

ADVANCED CAPITAL RESOURCES. INC.

Principal Place of Business Mailing Address 3700 AIRPORT RD SUITE 307 3700 AIRPORT RD SUITE 307 **BOCA RATON FL 33431** 80CA RATON FL 33431-6409 3. Date incorporated or Qualified 3a. Date of Last Report 06/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, 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 Added to Fees 23 28 Trust Fund Contribution Country Zio Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CORPORATION SERVICE COMPANY PlotKin 4dam 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable)

3700 Airport Rd. TALLAHASSEE FL 32301-2525 307 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statuty. and of printed name of registered agent and trile if applicable SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE 1.2 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 City-St-ZiP City - ST- 7IP Addition DELETE Change 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - ST - ZIP ☐ Addition DELETE 3.1 TITLE Change 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-SY-ZIP DIY-SI-7P DELETE ☐ Change Addition 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST- ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRÉSS

SIGNATURE:

CITY-ST-ZIF

appears in Block 12 or Block 13 if changed, or on an attachment with an address

6.4 CITY - ST - ZIP

14. I do 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

**FILED** 

May 19 1997 8:00am

Secretary of State