

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

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97 SEP 11 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

pg. 1

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P960000078440**
1. Corporation Name: **AMERICAN CAPITAL + EQUITY CORPORATION**

Principal Place of Business Mailing Address
**115 E. GRANADA BLVD.
SUITE 68
ORMOND BEACH, FL 32176**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/96	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3405348	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

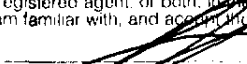
9. Name and Address of Current Registered Agent

**STEVEN R. SCHAEFER
3867 S. NOVA ROAD
PORT ORANGE, FL 32127**

10. Name and Address of New Registered Agent

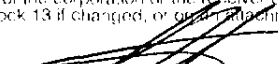
81	Name	STEVEN R. SCHAEFER	
82	Street Address (P.O. Box Number is Not Acceptable)	115 E. Granada Blvd, Suite 6-B	
83			
84	City	ORMOND BEACH	85 Zip Code FL 32176

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  **Steven R. Schaefer** **7/12/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STEVEN R. SCHAEFER	1.2 NAME	
STREET ADDRESS	3867 S. NOVA ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL 32127	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	400002294004 ☐ Addition
NAME		2.2 NAME	-09/16/97--01027--003
STREET ADDRESS		2.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 upon attachment with an address.

SIGNATURE:  **Steven R. Schaefer** **7/14/97** **964-760-2598**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)