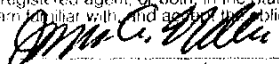
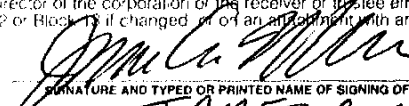


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 196000090965 1. Corporation Name DE ANZA CAPITAL			
Principal Place of Business 810 SE 8TH AVENUE SUITE D DEERFIELD BEACH FLORIDA 33441		Mailing Address 810 SE 8TH AVENUE SUITE D DEERFIELD BEACH FLORIDA 33441	
2. Principal Place of Business 21 810 SE 8TH AVENUE Suite, Apt. #, etc. 22 D City & State 23 DEERFIELD BEACH FL Zip 24 33441 Country 25 USA		2a. Mailing Address 26 810 SE 8TH AVENUE Suite, Apt. #, etc. 27 D City & State 28 DEERFIELD BEACH FL Zip 29 33441 Country 30 USA	
3. Date Incorporated or Qualified 11/1/96		3a. Date of Last Report NONE	
4. FEI Number 65-0728087		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	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent			
10. Name and Address of New Registered Agent			
81 Name JAMES A. NELSON			
82 Street Address (P.O. Box Number is Not Acceptable) 8180 CLEARY BLVD. #1808			
83			
84 City PLANTATION FL 85 Zip Code 33324			
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:  JAMES A. NELSON PRESIDENT DATE: 4/8/97			
12. OFFICERS AND DIRECTORS			
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			
800002140048 -04/11/97--01007--018 ***165.00			
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 provided 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 of an appointment with an address.			
SIGNATURE:  JAMES A. NELSON DATE: 4/8/97 Daytime Phone #: 954-426-5006			

CR2E034 (9/96)