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FILED

Apr 04 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 # P96000097368 (0)

1. Corporation Name

DEMAR CAPITAL INVESTMENTS, INC.



Principal Place of Business

2665 SOUTH BAYSHORE DRIVE  
SUITE 900  
MIAMI FL 33133

Mailing Address

2665 SOUTH BAYSHORE DRIVE  
SUITE 900  
MIAMI FL 33133-5401

3. Date Incorporated or Qualified

11/25/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0729561

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HURLEY, JAMES E ESQ.  
RICHARDS  
2665 S. BAYSHORE DRIVE, SUITE 900  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Timothy D. Richards	
1.3 STREET ADDRESS	2665 S. Bayshore Drive, #900	
1.4 CITY-ST-ZIP	Miami, FL 33133	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Albert H. Staton, Jr.	
2.3 STREET ADDRESS	8091 Las Pinos Blvd.	
2.4 CITY-ST-ZIP	Coral Gables, FL 33146	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mary Jane Staton	
3.3 STREET ADDRESS	8091 Las Pinos Blvd.	
3.4 CITY-ST-ZIP	Coral Gables, FL 33146	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stuart Staton	
4.3 STREET ADDRESS	1060 Cotorro Avenue	
4.4 CITY-ST-ZIP	Coral Gables, FL 33146	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Candace K. McGregor	
5.3 STREET ADDRESS	79 Moncada Way	
5.4 CITY-ST-ZIP	San Rafael, CA 94901	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Steve Logan	
6.3 STREET ADDRESS	9031 Meadowlawn Drive	
6.4 CITY-ST-ZIP	Brentwood, TN 37027	

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

SIGNATURE:

*Timothy D. Richards*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/31/97 305-858-9800

Daytime Phone # 0003029

CR2E034 (9/96)