

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90029 006 ***158.75

DOCUMENT # P96000097368 (0)

1. Corporation Name

Demar Capital Investments, Inc.

Principal Place of Business

Mailing Address

1172 S. Dixie Highway
Suite 481
Miami, Florida 33146

c/o Richards, P.A.
2665 S. Bayshore Drive
Suite 703
Miami, Florida 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified

11-25-96

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

World Corporate Services, Inc.
2665 S. Bayshore Drive, Suite 703
Miami, Florida 33133

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S ☒ DELETE
NAME Timothy D. Richards
STREET ADDRESS 2665 S. Bayshore Drive, Suite 703
CITY-ST-ZIP Miami, Florida 33133

TITLE D ☐ DELETE
NAME Albert H. Staton, Jr.
STREET ADDRESS 8091 Los Pinos Boulevard
CITY-ST-ZIP Coral Gables, Florida 33146

TITLE D ☐ DELETE
NAME Mary Jane Staton
STREET ADDRESS 8091 Los Pinos Boulevard
CITY-ST-ZIP Coral Gables, Florida 33146

TITLE D ☐ DELETE
NAME Stuart A. Staton
STREET ADDRESS 1030 Cotorro Avenue
CITY-ST-ZIP Coral Gables, Florida 33134

TITLE D ☒ DELETE
NAME Candace K. McGregor
STREET ADDRESS 79 Moncada Way
CITY-ST-ZIP San Rafael, CA 94901

TITLE D ☐ DELETE
NAME Steve Logan
STREET ADDRESS 9031 Meadowlawn Drive
CITY-ST-ZIP Brentwood, TN 37027

1.1 TITLE ST ☐ Change ☒ Addition
1.2 NAME Albert H. Staton, III
1.3 STREET ADDRESS 79 Moncada Way
1.4 CITY-ST-ZIP San Rafael, CA 94901

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Linda A. Staton
2.3 STREET ADDRESS 10 Edgewater Drive # Lanai South
2.4 CITY-ST-ZIP Coral Gables, FL 33133

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Jane Staton Logan
3.3 STREET ADDRESS 9031 Meadowlawn Drive
3.4 CITY-ST-ZIP Brentwood, TN 37027

4.1 TITLE DVP ☒ Change ☐ Addition
4.2 NAME Stuart A. Staton
4.3 STREET ADDRESS 10 Edgewater Drive, #Lanai South
4.4 CITY-ST-ZIP Coral Gables, Florida 33133

5.1 TITLE DP ☒ Change ☐ Addition
5.2 NAME Candace McGregor Staton
5.3 STREET ADDRESS 79 Moncada Way
5.4 CITY-ST-ZIP San Rafael, CA 94901

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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, with all other like empowered.

SIGNATURE:

Candace K. McGregor Staton

4/23/99

445/457-4525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)