

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

FILED  
Feb 28 1997 8:00am  
Secretary of State

DOCUMENT # P96000101524 (2)

1. Corporation Name

FOURTH CAPITAL, INC.



Principal Place of Business

Mailing Address

5551 RIDGEWOOD DR  
SUITE 405  
NAPLES FL 34108

5551 RIDGEWOOD DR  
SUITE 405  
NAPLES FL 34108-2718

3. Date Incorporated or Qualified

3a. Date of Last Report

12/13/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite Apt #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

Applied For

65-0727672

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

10. Name and Address of New Registered Agent

GOODMAN, KENNETH D  
5551 RIDGEWOOD DR  
SUITE 405  
NAPLES FL 34108

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 ☐ DELETE

1.1 TITLE DP ☐ Change ☒ Addition

NAME WAINE, GILBERT F  
STREET ADDRESS 280 S COLLIER BLVD APT 803  
CITY-ST-ZIP MARCO ISLAND FL 34145

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE DVP ☐ Change ☒ Addition

NAME CROW, THOMAS S  
STREET ADDRESS 280 S COLLIER BLVD  
CITY-ST-ZIP MARCO ISLAND FL 34145

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME WAINE, PAUL B  
STREET ADDRESS 280 S COLLIER BLVD APT 802  
CITY-ST-ZIP MARCO ISLAND FL 34145

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE DST ☐ Change ☒ Addition

NAME GOODMAN, KENNETH D  
STREET ADDRESS 5551 RIDGEWOOD DR SUITE 405  
CITY-ST-ZIP NAPLES FL 34108

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Kenneth D. Goodman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/97

941-514-4800

Date

Daytime Phone 9006362

CR2E034 (9/96)