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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000101524 (2)
1. Corporation Name

Fourth Capital, Inc.

Principal Place of Business Mailing Address
3838 Tamiami Tr. N. 3838 Tamiami Tr. N.
Suite 300 Suite 300
Naples, Florida 34103 Naples, Florida 34103

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	12/13/96	65-0727672	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	6. Election Campaign Financing	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	30	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

Goodman, Kenneth D.
3838 Tamiami Trail North, Suite 300
Naples, Florida 34103

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	34103
83	
84 City	FL
Naples	

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	DP	1.1 TITLE	DVP
NAME	Waine, Gilbert F	1.2 NAME	
STREET ADDRESS	280 S. Collier Blvd. Apt 903	1.3 STREET ADDRESS	
CITY-ST-ZIP	Marco Island, Florida 34145	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	
NAME	Crow, Thomas S.	2.2 NAME	
STREET ADDRESS	280 S. Collier Blvd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Marco Island, Florida 34145	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	DVP
NAME	Waine, Paul B.	3.2 NAME	
STREET ADDRESS	280 S. Collier Blvd., Apt 802	3.3 STREET ADDRESS	
CITY-ST-ZIP	Marco Island, Florida 34145	3.4 CITY-ST-ZIP	
TITLE	DST	4.1 TITLE	DPST
NAME	Goodman, Kenneth D.	4.2 NAME	Goodman, Kenneth D.
STREET ADDRESS	5551 Ridgewood Drive, Ste 405	4.3 STREET ADDRESS	3838 Tamiami Trail North, Suite 300
CITY-ST-ZIP	Naples, Florida 34108	4.4 CITY-ST-ZIP	Naples, Florida 34103
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

4/2/99

941-403-3000