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

DOCUMENT # **P97000002594**

1. Corporation Name

SOUTHCAP VENTURES, INC.

Principal Place of Business	Mailing Address			
2000 GLADES RD. SUITE 204 BOCA RATON FL 33431	2000 Glades RD, suite 204 Boca Raton FL 33431			

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90149 035 ***150.00

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Principal Place	e of Business	Mailing Address							#	4111 B181 1481	
2000 GLADES F	RD. SUITE 204	2000 GLADES RD. SUITE	204								
BOCA RATON FL 33431 BOCA RATON FL 33431							DO NOT WRITE IN T	1 412 SPACE			
							3. Date Incorporated or Qualifed 01/06/1997	1 113 31 ACL			
B. Briggin at Di	ace of Business	2a, Mailing Address	_				4. FEI Number		Acc	lied For	Ì
·1	ace of business	26				65-0717110	Nct Applicable			1	
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75 Additional			1	
22	, 010.	27					5. Certificate of Status Desired	Fee	: Rec	uired	
City & State	e	City & State					6. Election Campaign Financing			Л ау Ве	
23		28					Trust Fund Contribution	Add	ed to	Fees	
Zip	Country	Zip	Zip Cour				8. This corporation owes the current year intangible			4 1	ļ
24	9. Name and Address of Curre		30				Personal Property Tax.	Yes		ONo	1
<u> </u>		81 Name			10. Name and Address of New Registered Agent						
FINE	, NORMAN D			°'	Name						
	GLADES RD, SUITE 204			82	Street	arbtA	ss (P.O. Box Number is Not Acceptable)				
	A RATON FL 33431			83							1
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			05							
				84	City			F'L 85	Zìp C	ode	
<u> </u>	607.06	(0) and 607 1509. Elorida Statu	too the c			C 3500	ration submits this statement for the nurnos	se of changing	n its	egistered	1
i office ∋rn	egistered agent, or both, in the State	e of Florida. Such change was a	authonze	d by	the corp	oration	h's board of directors. I hereby accept the	p pointment a	s reți	istered	
agent. La	m familiar with, and accept the oblig	jations of, Section 607.0505, Fig.	onda Stai	tutes.	•						
SIGNATURE	Signature, typed or printed n. me of registered ag	nen and title if applicable (NO	E: Registere	d Agen	t signature	rec Jired	when reinstating DA1	E			. ا
12.		N) DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICER	S AND DIRE	сто	RS IN 12	3
TITLE	PD	☐ DELETE	DELETE 1.1 TIT			Γ		Char		Addition	1
NAME :	FINE, NORMAN D	1.2 NA									1
STREET ADDRESS	2000 GLADES RD #204		1.3 S	TREET	ADDRESS						ľ
CITY-ST-ZIP	BOCA RATON FL 33431	_	1.4 0	ITY-SI	T-ZIP] }
TITLE	VP	☐ DELETE	2.1 T	ITLE				Char	ige	Addition	`
NAME	HARDING, BONNIE E	22									
STREET ADDRESS	2000 GLADES RD #204				ADDRESS						
CITY-ST-ZIP	BOCA RATON FL 33431		2.40	CITY-S	T-ZIP	↓					ļ
TITLE	\$	☐ DELETE	3.1 T	ITLE				Chai	ige	Addition	
NAME	FINE, JOAN J			IAME		1					1
STREET ADDRESS	2000 GLADES RD #204		1		ADDRESS						l
CITY-ST-ZIP	BOCA RATON FL 33431	Flories	_	CITY-S	T-ZIP	├		Char		Addition	1
TITLE		☐ DELETE	4.1 T						igo		1
NAME			. L	VAME							ļ
STREET ADDRESS					F ADDRESS						
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NAME CYDEET ADODE 20					ADORESS						
STREET ADORESS			1	TY-S		1					
CITY-ST-ZIP TITLE	<u></u>	☐ DELETE	6.1 T		 -	 		☐ Chai	nge	Addition	1
NAME		٠٠٠٠٠٠ ي	ı	AME				_	-		1
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP	LLI NONE S			XTY-S	T-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 cartify 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 receival 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, of on an attach tent with an address, with a lother like empowered.

SIGNATURE: