

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90150 004 ***150.00

DOCUMENT # P97000002594

1. Entity Name
SOUTHCAP VENTURES, INC.



Principal Place of Business

**1951 NW 19 STREET
SUITE 100
BOCA RATON, FL 33431**

Mailing Address

**1951 NW 19 STREET
SUITE 100
BOCA RATON, FL 33431**

24068897



2. Principal Place of Business

**5200 Town Center Circle
Suite, Apt. #, etc.
306**

3. Mailing Address

**5200 Town Center Circle
Suite, Apt. #, etc.
306**

04082004

Chg-P

CR2E034 (10/03)

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-0717110

Applied For

Not Applicable

Zip

33486

Country

USA

Zip

33486

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINE, NORMAN D
1951 NW 19 STREET
SUITE 100
BOCA RATON, FL 33431**

Name

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

5200 Town Center Circle Suite 306

City **Boca Raton**

FL

Zip Code **33486**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Norman D. Fine

NORMAN D. FINE

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FINE, NORMAN D
STREET ADDRESS 1951 NW 19 STREET SUITE 100
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE VP ☐ Delete
NAME HARDING, BONNIE E
STREET ADDRESS 1951 NW 19 STREET SUITE 100
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE S ☐ Delete
NAME FINE, JOAN J
STREET ADDRESS 1951 NW 19 STREET SUITE 100
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5200 Town Center Circle Suite 306**
CITY-ST-ZIP **Boca Raton, FL, 33486**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5200 Town Center Circle Suite 306**
CITY-ST-ZIP **Boca Raton FL, 33486**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **5200 Town Center Circle Suite 306**
CITY-ST-ZIP **Boca Raton FL, 33486**

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman D. Fine
NORMAN D FINE

4/27/04

Daytime Phone #

561-750-0800