

ANNUAL REPORT

DOCUMENT # P97000002594

1. Entity Name
SOUTHCAP VENTURES, INC.



Principal Place of Business
5200 TOWN CENTER CIRCLE
306
BOCA RATON, FL 33486 US

Mailing Address
5200 TOWN CENTER CIRCLE
306
BOCA RATON, FL 33486 US

FILED
May 01, 2006 08:00 A
Secretary of State



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0717110

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FINE, NORMAN D
5200 TOWN CENTER CIRCLE
SUITE 306
BOCA RATON, FL 33486

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
NAME FINE, NORMAN D
STREET ADDRESS 5200 TOWN CENTER CIRCLE SUITE 306
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE VP
NAME HARDING, BONNIE E
STREET ADDRESS 5200 TOWN CENTER CIRCLE SUITE 306
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE S
NAME FINE, JOAN J
STREET ADDRESS 5200 TOWN CENTER CIRCLE SUITE 306
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE
NAME
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U00000546101
05/11/06-80104-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN D FINE

4/26/06

561 750 0570

Daytime Phone #