FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000061923 (3)

STANDARD CAPITAL, INC.

Principal Place of Business

Mailing Address

FILED Apr 03 1998 8:00am Secretary of State



POST OFFICE BOX 741181 BOYNTON BEACH FL 33474		POST OFFICE BOX 741181 BOYNTON BEACH FL 33474		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 07/16/1997	
21 6839	ace of Business FAIRWAY LAKES BR.	2a. Mailing Address 26 6839 FAIRWA	Y LAKES DR.	4. FEI Number	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	ON BEACH, FLORIDA	City & State 28 BOYNTON BEACE	H, FLORIBA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 3343		1	Country 0 US A	This corporation owes or has paid the Personal Property Tax due June 30.	☐ Yes XNo
	g, Name and Address of Current	Registered Agent	81 Name -	10. Name and Address of New Registe	ored Agent
CUILER, BEN				STIANT OF HILLMAN	
BOCA RATON FL 33434			82 Street Add 83	ress (P.O. Box Number is Not Acceptable)	DR
			ļ. i		
			84 City Dy	NTON BEACH	FL 85 Zip Code 7
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. I am familiar with, and 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 prime of registered agent a	and title if applicable. (NOTE: F	Registered Agent signature requ	ired when reinstating DA	-25-98
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition Ş
NAME	PEARLMAN, STUART T		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	POST OFFICE BOX 741181 BOYNTON BEACH FL 33474		1.3 STREET ADDRESS 1.4 City - St - Zip		Ĭ
TITLE	D	□ DELET E	2.1 TITLE		Change Addition C
NAME	PEARLMAN, BARBARA S		2.2 NAME		
STREET ADDRESS	POST OFFICE BOX 741181		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33474		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELET E	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME		_ vicin	4. 2 NAME		onlinge recentor
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE	,	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

14. Thereby 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 chapters? For an attachment with an address.