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FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000064024 (7)

1. Corporation Name
US CAPITAL FINANCIAL, INC.

Principal Place of Business

110 SOUTH LAKEWOOD DRIVE
BLDG. 2, UNIT 5
BRANDON FL 33510-4029

Mailing Address

POST OFFICE BOX 2802
BRANDON FL 33509-2802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1997

4. FEI Number

59-3459622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1010 S. BRYAN ROAD

Suite, Apt. #, etc.

22 City & State

23 BRANDON FL

24 Zip

25 33511-6411

Country

26 USA

2a. Mailing Address

26 1010 S. BRYAN ROAD

Suite, Apt. #, etc.

27 City & State

28 BRANDON FL

29 Zip

30 33511-6411

Country

31 USA

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name MICHELE NICHOLS

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

1010 S. BRYAN ROAD

83

84 City BRANDON

FL

85 Zip Code

33511-6411

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 607.0502, Florida Statutes.

SIGNATURE MICHELE NICHOLS

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

03-20-98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME NICHOLS, L G
STREET ADDRESS 110 SOUTH LAKEWOOD DRIVE
CITY-ST-ZIP BRANDON FL 33510-4029

TITLE VST ☐ DELETE

NAME NICHOLS, MICHELE
STREET ADDRESS 110 SOUTH LAKEWOOD DRIVE
CITY-ST-ZIP BRANDON FL 33510-4029

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1010 S. BRYAN ROAD
1.4 CITY-ST-ZIP BRANDON FL 33511-6411

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1010 S. BRYAN ROAD
2.4 CITY-ST-ZIP BRANDON FL 33511-6411

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 registered agent authorized 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 appointment with an address.

SIGNATURE: MICHELE NICHOLS, VST

03/20/98(813)643-8787

CR2E034 (10/97)