

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

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

04-29-1999 90198 015 ***150.00

DOCUMENT # P98000001527

1. Corporation Name
SUNCAPITAL FINANCIAL CO.

Principal Place of Business
7771 W. OAKLAND PARK BLVD.
SUITE 140
SUNRISE FL 33351

Mailing Address
7771 W. OAKLAND PARK BLVD.
SUITE 140
SUNRISE FL 33351



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/07/1998

4. FEI Number
65-0804845

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 2525 N. STATE Rd. 7

2a. Mailing Address
26 2525 N. State Rd 7

Suite, Apt. #, etc.
22 100

Suite, Apt. #, etc.
27 100

City & State
23 Hollywood, Florida

City & State
28 Hollywood, Florida

Zip Country
24 33021 25 U.S.A.

Zip Country
29 33021 30 USA

9. Name and Address of Current Registered Agent

SCHWARTZ, LARRY
7771 W. OAKLAND PARK BLVD.
SUITE 140
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name LARRY Schwartz
82 Street Address (P.O. Box Number is Not Acceptable) 2525 N. State Rd. 7 #100
83
84 City Hollywood FL 85 Zip Code 33021

11. Pursuant to the provisions of Sections 607.050 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 607.0505, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME SCHWARTZ, LARRY
STREET ADDRESS 7771 W. OAKLAND PARK BLVD.
CITY-ST-ZIP SUNRISE FL 33351

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE President
1.2 NAME DOREEN THIER
1.3 STREET ADDRESS 2525 N. STATE Rd. 7 #100
1.4 CITY-ST-ZIP Hollywood, FL. 33021

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME 2525 N. State Rd. 7 #100
2.3 STREET ADDRESS Hollywood, Florida 33021
2.4 CITY-ST-ZIP

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 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 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

4/25/99 954-966-8100
Date Daytime Phone #

0313171

CR2E034 (11/98)