

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90163 042 ***150.00

DOCUMENT # P98000029556

1. Corporation Name
LPS CAPITAL, INC.

Principal Place of Business
1149 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33304

Mailing Address
1149 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33304



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/31/1998

4. FEI Number
65-0835524

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
21 633 South Federal Highway
Suite, Apt. #, etc.

2a. Mailing Address
26 633 South Federal Highway
Suite, Apt. #, etc.

22 Fourth Floor
City & State
23 Fort Lauderdale, FL

27 Fourth Floor
City & State
28 Fort Lauderdale, FL

Zip Country
24 33301 25

Zip Country
29 33301 30

9. Name and Address of Current Registered Agent

PARKINSON, ANTHONY J III
1149 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name

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

633 South Federal Highway

83 Fourth Floor

84 City

Fort Lauderdale

85 Zip Code
FL 33301

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 607.0505, Florida Statutes.

SIGNATURE *Anthony J. Parkinson III*

4/30/99
DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE *PS/TO*
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Anthony J Parkinson III
633 So Federal Highway, Fourth Floor
Ft. Lauderdale, FL 33301

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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

4/30/99
Date

854-566-6266
Daytime Phone #

CR2E034 (11/98)