09011999-90003-030-$150.00-$150.00

)99.

AMOUNT DUE ON OR BEFORE 05/1/1999: $500 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $150).

FILED
Sep 01, 1999 8:00 am
Secretary of State
09-01-1999 90003 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000039806

1. Corporation Name
AMERICAN CAPITAL TRUST, INC.

Principal Place of Business	Mailing Address
1227 NW 126 AVE. SUNRISE FL 33323	1227 NW 126 AVE. SUNRISE FL 33323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1998

2. Principal Place of Business	2a. Mailing Address
21 8330 STATE ROAD 84	26 8330 STATE ROAD 84
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DAVIE, FL	City & State 28 DAVIE, FL
Zip / Country 24 33324 / 25 BROWARD	Zip / Country 29 33324 / 30 BROWARD

4. FEI Number: 65-0833921 — 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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GLASSMAN, LEE D 1133 S. UNIV. DR., STE. 211 PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ 8-25-1999
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPVS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HAWS, NELSON S		1.2 NAME	
STREET ADDRESS	1227 NW 126 AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HAWS, NELSON S		2.2 NAME	
STREET ADDRESS	1227 NW 126 AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323		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			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			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	

CR2E034 (5/99)

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.

SIGNATURE: _____ 8-25-1999 800-972-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #