FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S56087** **(7)**

1. Corporation Name

L.A. CAPITAL, INC.

Principal Place of Business: P. O. BOX 550664, JACKSONVILLE FL 32201-4607

Mailing Address: P. O. BOX 550664, JACKSONVILLE FL 32201-4607

2. Principal Place of Business
21 8917 Western Way
Suite, Apt. #, etc.
22 Suite 6
City & State
23 Jacksonville FL
Zip 24 32256 Country 25 Duval

2a. Mailing Address
26 8917 Western Way
Suite, Apt. #, etc.
27 Suite 6
City & State
28 Jacksonville FL
Zip 29 32256 Country 30 Duval

3. Date Incorporated or Qualified: 05/30/1991

3a. Date of Last Report: 02/16/1995

4. FEI Number: 59-3076274 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

CHRITTON, J. KIRBY
1301 GULF LIFE DRIVE
SUITE 1500
JACKSONVILLE FL 32207

10. **Name and Address of New Registered Agent**

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 [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

Field	Entry	Delete
TITLE	PT	☐ DELETE
NAME	W. ALEX COLEY	
STREET ADDRESS	4817 OTTER CREEK LANE	
CITY-ST-ZIP	PONTE VEDRA BCH. FL	
TITLE	S	☒ DELETE
NAME	BRUCE H. BLOCK	
STREET ADDRESS	2729 ARLINGTON ST.	
CITY-ST-ZIP	HIGHLAND PARK IL	
TITLE	AS	☒ DELETE
NAME	ROBERT S. ROSS	
STREET ADDRESS	3913 S. MISSION HILL RD	
CITY-ST-ZIP	NORTHBROOK IL	
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

Field	Entry	Change	Addition
1.1 TITLE		☐ Change	☐ Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		☐ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS			
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			

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] W. Alex Coley — 3/25/96 — 904 363 4002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #