**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name L.A. CAPITAL, INC.



FLORIDA DEFARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90002 004 \*\*\*150.00

1.18812818 281 821 8	Maria Maria (Maria (Maria Adres	Alder dedre Arder dedre Arder	188
			Ш
		<u> </u>	Ш

							il elek eur		AN ANN IA
Principal Flac	e of Business	Mailing Address					er meiter men	() <b>V</b> ( <b>F</b> (1)	iliti nink kati
8917 WESTON	WAY	8917 WESTERN WAY							
SUITE 6		SUITE 6							
JACKSONVI-LE	FL 32256	JACKSONVILLE FL 32256				DO NOT WRITE IN TH	IS SPAC	<u> </u>	
US		US				3. Date Incorporated or Qualifed			
0.00 to 10	A Davis	To 11-95- Add				05/30/1991		<del></del>	- <del></del>
<u>├</u> ┈,	Place of Business	2a. Mailing Address				4. FEI Number	ļ		lied For
21	# -1-	26				59-3()76274	- de		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifc ate of Status Desired		ee Re	ditional
City & Stat		City & State							
23	ic.	28				6. Election Campaign Financing Trust Fund Contribution		<b>5.UU</b> kdded t	May Be
Zip	Country	Zip	Cor	intry					C 1668
24	25	29	30	,,,,,		This corporation owes the current year     Personal Property Tax.	intangibi Ye⊟		IDNo
	9. Name and Address of Curren		130	$\overline{}$		10. Name and Address of New Registers			13110
	C. Franco Brid And Gas Of Ourien	giotorea rigent		81	Name	10, 114110 -114 / Carloba of Host (1881stell)			
CHR	ritton, J. Kirby								
	GULF LIFE DRIVE			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)			}
SUIT	E 1500			83					
1	KSONVILLE FL 32207			0.5	:			_	
				84	City		85	Zip C	cde
44 5	4- 4h	2 CO7 4500 Fl Ct				F			
office or r	egistered agent, or both, in the State	of Florida, Such change was :	authorized	yd b	the corpora	reporation submits this statement for the purpose a ion's board of directors. I hereby accept the app	ointmen	ing its t as rec	ristered (
agent. I a	m familiar with, and accept the obligat	ticns of, Section 607.0505, FI	orida Stat	utes.	•	, , , , ,			
SIGNATURE									\
	Signature, typed or printed name of registered agen			Agen	t signature requ	ii ed when reinsteting) DATE	AND DE	FOTO	D 2 191 40
TITLE	OFFICERS AN	D DELETE	13.	D.C		ADDITIONS/CHANGES TO OFFICERS		hange	Addition
			- 1					lange	
NAME	W. ALEX COLEY		1.2 N						1
STREET ADDRES	4817 OTTER CREEK LANE				ADDRESS				1
CITY-ST-ZIP	PONTE VEDRA BCH. FL	- Zociete		TY-ST	ZIP			hange	Addition
TITLE	SD SOLEY LINEA D	DELETE	2.1 TI					iange	
NAME	COLEY, LINDA D		2.2 N						}
STREET ADDRESS	4817 OTTER CREEK LANE		2.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	PONTE VEDRA BEACH FL 3200		2 4 0		T-ZIP				
TITLE		☐ DELETE	3.1 TI				∐ C	hange	Addition
NAME			3.2 N	ME					
STREET ADDRESS			3351	REET	ADDRESS				l
CITY-ST-ZIP			3.4 C		T-ZIP				
TITLE		☐ DELETE	4 1 TI	ΠE			□c	hange	Addition
NAME			4.2 N	AME					1
STREET ADDRESS			4.3 81	REET	ADDRESS				}
CITY-ST-ZIP	<u> </u>		4.4 CI	TY-S1	- ZIP				
TITLE		☐ DELETE	5.1 75	L/E	}			hange	i ☐ Addition
NAME			5 2 N/	ME	1				
STREET ADDRESS			5387	REET	ADDRESS				}
CITY-ST-ZIP			5.4 CI	TY-ST	-ZIP				
TITLE		☐ DELETE	6.1 TI	πE			□ C'	hange	[ ] Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 S1	REET	ADDRESS				}

14. Thereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver by trustee empowered to exacute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or one attackment with an address, with all cither like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICE ON DIRECTOR

4.22/99 Date 404 363 7000