

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V08101 (0)

1. Corporation Name

SEQUOIA CAPITAL INCORPORATED

Principal Place of Business

1699 SW 20TH AVE
BOCA RATON FL 33486
US

Mailing Address

1699 SW 20TH AVE
BOCA RATON FL 33486
US

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

RICHARDSON, ZACHERY M.
1699 SW 20TH AVE
BOCA RATON FL 33432

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

01/22/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0309874

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign the report on behalf of the corporation

Signature of the person who is authorized to sign the report on behalf of the corporation

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
RICHARDSON, ZACHERY M.
1513 HARBOUR CT.
FT. MYERS FL

2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PST
RICHARDSON, ZACHERY M.
1513 HARBOUR CT.
FT. MYERS FL

3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

5. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

6. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
[] DELETE

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

(41) 338-7723