

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 8:41

DOCUMENT # V13909 (9)

1. Corporation Name

MEDITERRANEAN CAPITAL CORPORATION

Principal Place of Business

595 BAY ISLES ROAD
SUITE 120
LONGBOAT KEY FL 34228

Mailing Address

595 BAY ISLES ROAD
SUITE 120
LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/13/1992

3a. Date of Last Report

02/08/1994

4. FEI Number

65-0316324

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EBIN, JOHN P

540 HARBOR PT RD

SUITE 402

LONGBOAT KEY FL 34228

PLEASE CHANGE STREET
ADDRESS...

81 Name

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

595 BAY ISLES ROAD, SUITE 120

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

JOHN P. EBIN, PRESIDENT

1/26/95

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

EBIN, JOHN P.

STREET ADDRESS

540 HARBOR POINT RD

CITY-ST-ZIP

LONGBOAT KEY FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

595 BAY ISLES ROAD, STE.120

LONGBOAT KEY, FL 34228

☒ Change ☐ Addition

TITLE

TD

NAME

EBIN, EILEEN M.

STREET ADDRESS

540 HARBOR POINT RD

CITY-ST-ZIP

LONGBOAT KEY FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

595 BAY ISLES ROAD, STE.120

LONGBOAT KEY, FL 34228

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if accompanied by an address.

SIGNATURE:

JOHN P. EBIN, PRESIDENT

1/26/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chair

Secretary/Treasurer