

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V27275** (9)  
1. Corporation Name:  
**SOUTH FEDERAL CAPITAL CORP.**

Principal Place of Business <b>2050 EAST OAKLAND PARK BLVD. SUITE 209 FORT LAUDERDALE FL 33306</b>	Mailing Address <b>2050 EAST OAKLAND PARK BLVD. SUITE 209 FORT LAUDERDALE FL 33306-1121</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/06/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number <b>65-0334090</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RICHMOND, HEATHER  
2050 EAST OAKLAND PARK BLVD.  
SUITE 209  
FORT LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

81 Name <b>O'DONNELL, Michael A.</b>	85 Zip Code <b>33306</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2050 E. Oakland Park Blvd., Ste. 209</b>	
83	
84 City <b>Ft. Lauderdale,</b>	85 Zip Code <b>FL 33306</b>

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

*Michael A. O'Donnell*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/15/97.**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P/S/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RICHMOND, HEATHER</b>		1.2 NAME <b>MEYER, Luke</b>	
STREET ADDRESS <b>2050 E OAKLAND PARK BLVD / STE - 209</b>		1.3 STREET ADDRESS <b>2050 E. Oakland Park Blvd., Ste. 209</b>	
CITY - ST - ZIP <b>FT LAUDERDALE FL</b>		1.4 CITY - ST - ZIP <b>Ft. Lauderdale, FL 33306</b>	
TITLE <b>PST</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RICHMOND, HEATHER</b>		2.2 NAME	
STREET ADDRESS <b>2050 E. OAKLAND PARK BLVD., #209</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>FT. LAUDERDALE FL</b>		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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:

*Luke Meyer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

0282306

CR2E034 (9/96)