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FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V34954 (0)
1. Corporation Name
SOUTH CAPITAL ASSOCIATES, INC.

Principal Place of Business
P.O. BOX 422933
KISSIMMEE FL 34742-2933

Mailing Address
P.O. BOX 422933
KISSIMMEE FL 34742-2933

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/29/1992

4. FEI Number
59-2868713
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

ARZT, PENNY
1981 HAM BROWN ROAD
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

81 Name KENNETH ARZT
82 Street Address (P.O. Box Number is Not Acceptable)
83 4454 CAMPBELL ROAD
84 City Kissimmee FL 85 Zip Code 34746

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1/10/98

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ARZT, PENNY
STREET ADDRESS 1981 HAM BROWN ROAD
CITY-ST-ZIP KISSIMMEE FL

TITLE KENNETH ARZT MAILING ADDR.
NAME KENNETH ARZT
STREET ADDRESS 4454 CAMPBELL RD PO BOX 422933
CITY-ST-ZIP KISS, FL 34746 KISS, FL 34742

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 Kenneth Arzt KENNETH ARZT 1/10/98 (407) 892-7169

CR2E034 (10/97)