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Feb 02, 1999 8:00am
Secretary of State

02-02-1999 90001 018 ****150.00



PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V45778

1. Corporation Name
MUTUAL CAPITAL MANAGEMENT, INC.

Principal Place of Business
212 W. VIRGINIA AVE.
SUITE 121
PUNTA GORDA FL 33950-4834
US

Mailing Address
212 W. VIRGINIA AVE.
SUITE 121
PUNTA GORDA FL 33950
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/19/1992

4. FEI Number
65-0341139

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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
BENKNER, AL H.
MUTUAL CAPITAL MANAGEMENT, INC.
212 W. VIRGINIA AVE
PUNTA GORDA FL 33950

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	BENKNER, AL H.	26200 ARGENTINA DR	PUNTA GORDA FL 33983	<input type="checkbox"/>
V	KELLY, JOYCE A	22392 WESTCHESTER BLVD.	PORT CHARLOTTE FL 33980	<input type="checkbox"/>
BENKNER, AL H.	MUTUAL CAPITAL MANAGEMENT, INC.	212 W. VIRGINIA AVE	PUNTA GORDA FL 33950	<input type="checkbox"/>
212 W. VIRGINIA AVE	212 W. VIRGINIA AVE	212 W. VIRGINIA AVE	212 W. VIRGINIA AVE	<input type="checkbox"/>
PD	BENKNER, AL H.	26200 ARGENTINA DR	PUNTA GORDA FL 33983	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE: AL H. BENKNER Pres. AL H. BENKNER Pres. 1/13/99 941-637-3838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #