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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9200000164 (5)

FAISON CAPITAL DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

**FILED** Feb 20 1998 8:00am Secretary of State



121 WEST TRADE STREET, SUITE 1900 CHARLOTTE NC 28202-5399			121 WEST TRADE STREET. SUITE 1900 CHARLOTTE NC 28202-5399		DO NOT WRITE IN THIS	S SPACE
					3. Date Incorporated or Qualified 11/09/1992	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21	_	26			56-1671960	Not Applicable
Suite, Apt. #, etc. Suite, Ap			ot. #, etc.			\$8.75 Additional
22		27			<b>5.</b> Certificate of Status Desired	Fee Required
City & Stat	e	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	+		Trust Fund Contribution	Added to Fees
Zip	Country Zip Ci		Counti	гу	8. This corporation owes or has paid the c	urrent year Intangible
24	25	29	30	0	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent				п	10. Name and Address of New Registered	1 Agent
JOYCE, JOHN M				Name		
225 E. ROBINSON ST.			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE 500						
ORLANDO FL 32801			83	3		
			84	'	F	
11. Pursuant office or ragent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida State of Florida. Such change was ations of, Section 607.0505, I	utes, the above authorized be lorida Statute	ve-named cor by the corpora es.	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE						
	Signature, typed or pointed name of registered ago			gent signature requ	uired when reinstating) DA1E	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	V	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	CULPEPPER, JAMES H IV	11175 400	1.2 NAME	1		;
STREET ADDRESS			1.3 STREE	T ADDRESS		1
CITY-ST-ZIP	CHARLOTTE NC 28202-5399	——————————————————————————————————————	1.4 CITY -	ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition <
NAME	SHIELDS, COY		2.2 NAME			
STREET ADDRESS	121 WEST TRADE STREET, S	SUITE 1900	2 3 STREE	T ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28202-5399		2. 4 CITY-	ST-ZIP		
TITLE	V	DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	SKILLBECK, ANTHONY W		3.2 NAME	1		
STREET ADDRESS	121 WEST TRADE STREET, S	SUITE 1900	3.3 STREE	1 ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28202-5399		3.4. CITY-	ST-ZIP		
TITLE	V DATE D. DATE	DELETE	4.1 TITLE			☐ Change ☐ Addition
NAM€	STONE, R. DARY	INTE AND	4. 2 NAME	1		
STREET ADDRESS	121 WEST TRADE STREET, S	UHE 1900		T ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28202-5399	T 65.655	4.4 C(TY-	ST - ZIP		
TITLE	VST	☐ DELET <b>E</b>	5.1 TITLE			☐ Change ☐ Addition
NAME	WHITAKER, BILLIE B	1177 4000	5.2 NAME			
STREET ADDRESS	121 WEST TRADE STREET, S	UITE 1900		1 ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28202-5399	——————————————————————————————————————	5.4 CITY - 8	ST-ZIP		·
TITLE	\$ ^^=	☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME	SPEED, ELIZABETH M		6.2 NAME			
STREET ADDRESS	100 11 11 11 11 11 11 11 11 11 11 11 11			I ADDRESS		
CITY_CT_7IP	CHARLOTTE NC		RACITY O	7 70		1

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.