

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, IMMEDIATE AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED
 95 JUN 26 AM 3:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 800001525318
 -06/28/95--01025--002
 *****225.00 *****225.00

DOCUMENT # F94000003366 (1)

1. Corporation Name
CAPSTONE MARKETING, INC. OF CARABELLE

Principal Place of Business Mailing Address
 190322 UNIVERSITY ST. SCOTT'S BLUFF NE 63061
 190322 UNIVERSITY ST. SCOTT'S BLUFF NE 63061

3. Date Incorporated or Qualified **06/27/1994** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	84-1234523	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 7264 WEMBLEY PL.	27 7264 WEMBLEY PL.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	7. This corporation has liability for intangible tax under s. 195.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23 CASTLE ROCK, CO	28 CASTLE ROCK, CO		
Zip	Country		
24 80104	25 USA		
29 80104	30 USA		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARROTHERS, CATHY CAPSTONE MARKETING, INC. TIMBER ISLAND ROAD CARRABELLE FL 32322	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCDT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATZAT, JAMES H	1.2 NAME	
STREET ADDRESS	190322 UNIVERSITY	1.3 STREET ADDRESS	7264 WEMBLEY PL.
CITY - ST - ZIP	SCOTT'S BLUFF NE	1.4 CITY - ST - ZIP	CASTLE ROCK, CO 80104
TITLE	VDS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATZAT, TERRY J	2.2 NAME	
STREET ADDRESS	190322 UNIVERSITY	2.3 STREET ADDRESS	7264 WEMBLEY PL.
CITY - ST - ZIP	SCOTT'S BLUFF NE	2.4 CITY - ST - ZIP	CASTLE ROCK, CO 80104
TITLE		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		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		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		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James H. Matzat Date: 6/15/95 (303) 293-5445
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CR2E034 (3/95)

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