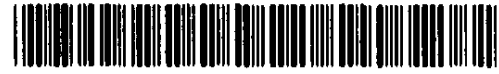


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 07 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000030573 (4)**  
 1. Corporation Name  
**CAPITAL ACCESS BUREAU, INC.**



Principal Place of Business <b>225 S WESTMONTE DRIVE                  SUITE 1170                  ALTAMONTE SPRINGS FL 32714</b>	Mailing Address <b>225 S WESTMONTE DRIVE                  SUITE 1170                  ALTAMONTE SPRINGS FL 32714</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>498 PALM SPRINGS DRIVE</b>	26 <b>498 PALM SPRINGS DRIVE</b>			<b>04/03/1997</b>	
Suite, Apt. #, etc. 22 <b>SUITE #100</b>		Suite, Apt. #, etc. 27 <b>SUITE #100</b>		4. FEI Number	
City & State 23 <b>ALTAMONTE SPRINGS, FL</b>		City & State 28 <b>ALTAMONTE SPRINGS, FL</b>		<b>59-3437732</b>	
24 <b>32701</b>	25 <b>SEMINOLE</b>	29 <b>32701</b>	30 <b>SEMINOLE</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>ROBINSON, DAVID S                  1276 BLUEBERRY COURT                  ALTAMONTE SPRINGS FL 32714</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, DAVID</b>	1.2 NAME	
STREET ADDRESS	<b>1276N BLUEBERRY COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANCIS, BRUCE L</b>	2.2 NAME	
STREET ADDRESS	<b>5135 FAYANN STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32812</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAGNE, RICHARD L</b>	3.2 NAME	
STREET ADDRESS	<b>6220 N SHERMAN DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANAPOLIS IN 46220</b>	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 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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (10/97)