

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

**FILED**  
**May 15 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 # P97000049202 (9)**

1. Corporation Name  
**CAPITAL MANAGEMENT SERVICES, INC.**



Principal Place of Business: 2665 SOUTH BAYSHORE DRIVE #900 MIAMI FL 33133  
 Mailing Address: 2665 SOUTH BAYSHORE DRIVE #900 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2665 S Bayshore Drive	26	2665 S Bayshore Drive	06/02/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <input checked="" type="checkbox"/> Applied For	
22 Suite 703		27 Suite 703		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Miami, FL		28 Miami, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33133-5401	25 USA	29 33133-5401	30 USA		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HURLEY, JAMES E ESO RICHARDS 2665 SOUTH BAYSHORE DRIVE #900 MIAMI FL 33133				81 Name	World Corporate Services, Inc.		
				82 Street Address (P.O. Box Number is Not Acceptable)	2665 S Bayshore Drive		
				83	Suite 703		
				84 City	Miami	FL	85 Zip Code
				33133-5401			

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *James E. ESO* (NOT Registered Agent signature required when reinstating) DATE: 4/14/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	D/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Stuart A. Staton
STREET ADDRESS		1.3 STREET ADDRESS	2665 S Bayshore Drive STE 703
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, FL 33133-5401
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Linda A. Staton
STREET ADDRESS		2.3 STREET ADDRESS	2665 S Bayshore Drive STE 703
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33133-5401
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Steve Logan
STREET ADDRESS		3.3 STREET ADDRESS	2665 S Bayshore Drive STE703
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33133-5401
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Jane Staton Logan
STREET ADDRESS		4.3 STREET ADDRESS	2665 S. Bayshore Drive STE 703
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33133-5401
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Albert H. Staton, III
STREET ADDRESS		5.3 STREET ADDRESS	2665 S Bayshore Drive STE 703
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33133-5401
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Candace K. McGregor
STREET ADDRESS		6.3 STREET ADDRESS	2665 S Bayshore Drive STE 703
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL 33133-5401

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 its 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: *Stuart A. Staton* 4/14/98 305-423-9342

CR2E034 (10/97)