


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

FILED
May 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000049202
 1. Corporation Name
 Capital Management Services, Inc. ✓

Principal Place of Business	Mailing Address
2665 South Bayshore Drive Suite 703 Miami, Florida 33133	2665 South Bayshore Drive Suite 703 Miami, Florida 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1172 South Dixie Hwy. Suite, Apt. #, etc. #481 City & State Coral Gables, Florida Zip 33146	28 Suite, Apt. #, etc. City & State Zip Country USA

3. Date Incorporated or Qualified	4. FEI Number	Applied For
June 2, 1997	65-0855244	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing	7. Additional Fee Required
<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	\$8.75 \$5.00
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 World Corporate Services, Inc.
 2665 South Bayshore Drive Suite 703 Miami, Florida 33133

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 607.0605, Florida Statutes.

SIGNATURE *Timothy D. Richards* Timothy D. Richards, President 1/12/99
(NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> DELETE
NAME	STATON, STUART A.	
STREET ADDRESS	2665 South Bayshore Drive, #703	
CITY-ST-ZIP	Miami, Florida 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STATON, LINDA A.	
STREET ADDRESS	2665 South Bayshore Drive #703	
CITY-ST-ZIP	Miami, Florida 33133	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LOGAN, STEVE	
STREET ADDRESS	2665 South Bayshore Drive, #703	
CITY-ST-ZIP	Miami, Florida 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOGAN, JANE STATON	
STREET ADDRESS	2665 South Bayshore Drive, #703	
CITY-ST-ZIP	Miami, Florida 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STATON, ALBERT H. III	
STREET ADDRESS	2665 South Bayshore Drive, #703	
CITY-ST-ZIP	Miami, Florida 33133	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MCGREGOR, CANDACE K.	
STREET ADDRESS	2665 South Bayshore Drive, #703	
CITY-ST-ZIP	Miami, Florida 33133	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STATON, STUART A.	
1.3 STREET ADDRESS	10 Edgewater Drive, Unit Lanai South	
1.4 CITY-ST-ZIP	Phase One, Miami, Florida 33133	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STATON, LINDA A.	
2.3 STREET ADDRESS	10 Edgewater Drive, Unit Lanai South	
2.4 CITY-ST-ZIP	Phase One, Miami, Florida 33133	
3.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LOGAN, STEVE	
3.3 STREET ADDRESS	9031 Meadowlawn Drive	
3.4 CITY-ST-ZIP	Brentwood, TN	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LOGAN, JANE STATON	
4.3 STREET ADDRESS	9031 Meadowland Drive	
4.4 CITY-ST-ZIP	Brentwood, TN	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STATON, ALBERT H. III	
5.3 STREET ADDRESS	79 Moncada Way	
5.4 CITY-ST-ZIP	San Rafael, CA	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RICHARDS, TIMOTHY D.	
6.3 STREET ADDRESS	2665 South Bayshore Drive, #703	
6.4 CITY-ST-ZIP	Miami, Florida 33133	

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 *Timothy D. Richards* Timothy D. Richards, AS 1/1/99 305-858-940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #