

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

FILED
Apr 17 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 # F97000004125 (7)

1. Corporation Name

THE CAPITAL INTERNET GROUP, INC.



Principal Place of Business

150 SW 12TH AVE
POMPAÑO BEACH FL 33069

Mailing Address

150 SW 12TH AVE
POMPAÑO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|-----------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 555 S. Andrews Ave | | 26 555 S. Andrews Ave | | 08/06/1997 | |
| Suite, Apt., #, etc. | | Suite, Apt., #, etc. | | 4. FEI Number | |
| 22 Suite 110 | | 27 Suite 110 | | 65-0688041 | |
| City & State | | City & State | | 5. Certificate of Status Desired | |
| 23 Pompano Beach, FL | | 28 Pompano Beach FL | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | | Zip | | 6. Election Campaign Financing | |
| 24 33069 | | 29 33069 | | Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country | | Country | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | |
| 25 US | | 30 US | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| NEIMARK, CORT A 800 CORPORATE DR, SUITE 602 FT LAUDERDALE FL 33334 | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | |
| | | | | 84 City | |
| | | | | FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|---------------------------|
| TITLE | P | 1.1 TITLE | D |
| NAME | LEVINE, BRADLEY M | 1.2 NAME | James Dwyer |
| STREET ADDRESS | 150 SW 12TH AVE | 1.3 STREET ADDRESS | 111 Diplomat Way |
| CITY-ST-ZIP | POMPAÑO BEACH FL 33069 | 1.4 CITY-ST-ZIP | Hollywood FL 33019 |
| TITLE | S | 2.1 TITLE | D |
| NAME | NEIMARK, CORT A | 2.2 NAME | Larry Gabriel |
| STREET ADDRESS | 800 CORPORATE DR, SUITE 602 | 2.3 STREET ADDRESS | 879 Dover St |
| CITY-ST-ZIP | FT LAUDERDALE FL 33334 | 2.4 CITY-ST-ZIP | Boca Raton FL 33487 |
| TITLE | | 3.1 TITLE | ✓ |
| NAME | | 3.2 NAME | Christopher Derricano |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 2708 SW 25th Place |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Ft Lauderdale 33305 |
| TITLE | | 4.1 TITLE | D |
| NAME | | 4.2 NAME | Len Simon |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 140 Maywood Ave |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Rochester NY 14618 |
| TITLE | | 5.1 TITLE | D |
| NAME | | 5.2 NAME | Kelly Byron |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 2009 NE 22nd St |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Wilton Manors FL 33305 |
| TITLE | | 6.1 TITLE | T |
| NAME | | 6.2 NAME | Jean McIntosh |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 748 Lagoon Dr |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | North Palm Beach FL 33408 |

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 in an attachment with an address.

SIGNATURE:

4-12-98

554-788-0700

CR2E034 (10/97)