

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H96969 (1)
1. Corporation Name
CAPITAL IDEAS, INC.

Principa^l Place of Business
NO. BEACH RD.
P.O. BOX 205
HOBE SOUND FL 33475-0205

Mailing Address
NO. BEACH RD.
P.O. BOX 205
HOBE SOUND FL 33475-0205

3. Date Incorporated or Qualified 01/31/1986		3a. Date of Last Report 03/15/1996	
4. FEI Number 59-2836330		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21	P.O. Box 25185	26	P.O. Box 25185
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	STEERS Head Rd.	27	STEERS HEAD ROAD
City & State		City & State	
23	JACKSON WY	28	JACKSON WY
Zip	Country	Zip	Country
24	83001-7000	29	83001-7000
25		30	

9. Name and Address of Current Registered Agent

BUETENS, MELVIN WM.
8965 BRIDGE RD
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PVS	<input type="checkbox"/> DELETE
NAME	DAVIS, GALE L.	
STREET ADDRESS	NO. BEACH RD BOX 205	
CITY - ST - ZIP	HOBE SOUND FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	DAVIS, GALE L.	
STREET ADDRESS	NO. BEACH RD BOX 205	
CITY - ST - ZIP	HOBE SOUND FL	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	<input type="checkbox"/> Deletion

1.2 NAME
1.3 STREET ADDRESS STEERS HEAD RD. BOX 25185, JACKSON
1.4 CITY - ST - ZIP WYOMING 83001-7000

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	STEERS HEAD RD BOX 25185
2.4 CITY - ST - ZIP	JACKSON NY 83001-7000

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	

5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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: *X* *Gale L. Dang*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/97
Date

Daytime Phone #

CR2E034 (9/96)