

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H98194 (4)
1. Corporation Name
CAP MARKETING CONSULTANTS, INC.

Principal Place of Business	Mailing Address
1400 W FAIRBANKS AVE SUITE 102 WINTER PARK FL 32789	1400 W FAIRBANKS AVE SUITE 102 WINTER PARK FL 32789-7171

[illegible]

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/07/1986		3a. Date of Last Report 04/12/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2610546		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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	
CHASTANG, LAWRENCE J. 1400 W FAIRBANKS AVE SUITE 102 WINTER PARK FL 32789	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	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PICART, ANNIE COUTRE			1.2 NAME			
STREET ADDRESS	STAR ROUTE 1A, BOX 45A			1.3 STREET ADDRESS			
CITY-ST-ZIP	DRIPPING SPRINGS TX			1.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	PICART, CHRISTIAN			2.2 NAME			
STREET ADDRESS	STAR ROUTE 1A, BOX 45A			2.3 STREET ADDRESS			
CITY-ST-ZIP	DRIPPING SPRINGS TX			2.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE			
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

2/10/97

CR2E034 (9/96)