FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REMITTED MAY 1

DOCUMENT # **P34008** **(3)**

1. Corporation Name
CAPITAL STRATIGEMS LTD., INC.

Principal Place of Business	Mailing Address
~~4000 EAST HIGHWAY 98, #10~~ DESTIN FL 32541	~~4000 EAST HIGHWAY 98, #10~~ DESTIN FL 32541

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
05/20/1991	03/31/1994

2. Principal Place of Business	2a. Mailing Address
21 2075 OLD HIGHWAY 98	26 POST OFFICE BOX 6220
Suite, Apt. #, etc. 22 SUITE 10	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 *	County 25
Zip 29	County 30

4. FEI Number
59-3069854
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CIMMINO, PETER R., DR. ~~4000 EAST HIGHWAY 98, SUITE 10~~ DESTIN FL 32541	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 2075 OLD HIGHWAY 98 03 SUITE 10 04 City FL 05 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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P/S/T	☒ Change ☐ Addition
NAME	CIMMINO, PETER R., DR.	12 NAME		
STREET ADDRESS	~~4000 E. HWY. 98, #10~~	13 STREET ADDRESS	2075 OLD HWY 98, #10	
CITY-ST-ZIP	DESTIN FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	CIMMINO, JOYCE RAY	22 NAME		
STREET ADDRESS	~~4000 E HWY 98 UNIT 10~~	23 STREET ADDRESS	2075 OLD HWY 98, #10	
CITY-ST-ZIP	DESTIN FL	24 CITY-ST-ZIP		
TITLE	~~SDT~~	31 TITLE		☒ Change ☐ Addition
NAME	~~BISHOP, JEANETTE M~~	32 NAME		
STREET ADDRESS	~~1127 BRIDLEWOOD PATH~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~FT WALTON BCH FL~~	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 11 or Block 13 if changed or added by an attachment with an address.

SIGNATURE: _____ 1/11/95 904-837-[illegible]20
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0470201 FP