FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P34008

1. Corporation Name: CAPITAL STRATIGEMS LTD. INC

Principal Place of Business: 938 KINGS POST ROAD

Mailing Address: ROCKLEDGE FL

2. Principal Place of Business 21: 938 KINGS POST ROAD	2a. Mailing Address 26:
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: ROCKLEDGE, FL	City & State 28:
Zip / Country 24: 32955 / 25: BREVARD	Zip / Country 29: / 30:

3. Date Incorporated or Qualified: 5/20/91	3a. Date of Last Report: 5/95
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

81 Name: THOMAS F. COUGHLIN

82 Street Address (P.O. Box Number is Not Acceptable): 7150 20TH ST SUITE M

83:

84 City: VERO BEACH — FL — 85 Zip Code: 32966

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: THOMAS F. COUGHLIN V.P. — Thomas F. Coughlin — 7.17.96

Signature, type or print name of registered agent, and title if applicable — NOTE: Registered Agent's signature is required when changed — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PETER R. CIMMINO	1.2 NAME	
STREET ADDRESS	938 KINGS POST ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL. 32955	1.4 CITY-ST-ZIP	
TITLE	S D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JOYCE R. CIMMINO	2.2 NAME	
STREET ADDRESS	938 KINGS POST ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	2.4 CITY-ST-ZIP	
TITLE	T D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS F. COUGHLIN	3.2 NAME	
STREET ADDRESS	7150 20TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32966	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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***225.00

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)(k), 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.

407.778.3900

SIGNATURE: Thomas F. Coughlin — 7.17.96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Payment Number: CS 7/19/96

CR2E034 (12/95)