

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

PROFIT
CORPORATION
ANNUAL REPORT



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

1997

DOCUMENT # **P34008**

(3)

1. Corporation Name

CAPITAL STRATIGEMS LTD., INC.

Principal Place of Business

**837 KINGS POST ROAD
ROCKLEDGE FL 32955
US**

Mailing Address

**837 KINGS POST ROAD
ROCKLEDGE FL 32955-3583
US**

FILED

37 AUG 18 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/20/1991		07/19/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-3069854		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
				6. Election Campaign Financing		5.00 May Be Added to Fees	
				Trust Fund Contribution		<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COUGHLIN, THOMAS F 7150 20TH ST SUITE M VERO BEACH FL 32906				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			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.1 TITLE				000002272930--5			
1.2 NAME				-08/20/97--01118--005			
1.3 STREET ADDRESS				****558.75 ****558.75			
1.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE				VICE PRESIDENT SECRETARY, TREASURER + DIRECTOR			
2.2 NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.3 STREET ADDRESS							
2.4 CITY-ST-ZIP							
3.1 TITLE							
3.2 NAME							
3.3 STREET ADDRESS							
3.4 CITY-ST-ZIP							
4.1 TITLE							
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5.1 TITLE							
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY-ST-ZIP							
6.1 TITLE							
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:

Peter Cimmino

8-19-97

407-778-3900

CP2E034 (9/96)