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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000054916 (0)

CAPITAL STRATEGIES GROUP, INC.

Principal Place of Business Mailing Address 255 6. ORANGE AVENUE #888 125 NORTH DRIVE ORLANDO FL 32801 P.O. BOX 1482 **WINDERMERE FL 34786-1482** 3. Date Incorporated or Qualified 3a. Date of Last Report 08/02/1993 04/29/1996 2. Principal Place of Business 21 4601 SW 34 TH 2a. Mailing Address 4. FEI Number Applied For Post Office Box 2175 59-3245301 Not Applicable Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 102 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible taxunder s. 199.032, USA-T Yes 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SIMON, DAVID 81 Name 125 NORTH DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **WINDERMERE FL 34786** 83 84 City Zip Code 85 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 reinstaling) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) Change Addition TITLE DELETE 1.1 TITLE SIMON, DAVID NAME 1.2 NAME 125 NORTH DRIVE, P.O. BOX 1482 1.3 STREET ADDRESS STREET ADDRESS WINDERMERE FL 34786 CITY-ST-ZIP 1.4 CITY-ST-ZIP ■ DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-7IP DELETE ☐ Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY - ST - 7 IP CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - ST - Z(P DELFIE Change Addition TITLE 5.1 1111.6 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

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), Fiorida 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.

6.3 STREET ADDRESS