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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000054916 (0) DOCUMENT

CAPITAL STRATEGIES GROUP, INC.

FILED Jan 16 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							1001		
4601 SW 34 ST PO BOX 2175									
#102 WINDERMERE FL 34786									
ORLANDO FL 32811 US							DO NOT WRITE IN THIS SPACE		
US							3. Date Incorporated or Qualified 08/02/1993		
2. Principal Place of Business 2a. Mailing Ad			iling Address	ddress			4. FEI Number Applied	For	
21 26							59-3197358 Not App	licable	
— —			e, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Addition		
22 27			0.00				Fee Required		
City & State City & State			/ & State				6. Election Campaign Financing \$5.00 May I		
28 28			····	Country			Trust Fund Contribution Added to Fee		
Zip	Country Zip			\vdash	nıry		8. This corporation owes or has paid the current year Intangib Personal Property Tax due June 30. Yes Vo	ie [
24	25 25 Name and Address of Curr	29 ent Registere	d Agent	30			Personal Property Tax due June 30. Yes You No. Name and Address of New Registered Agent		
						Name	IV. Hame and Address of the Hogisteles Agent		
125 NORTH DRIVE									
WINDERMERE FL 34786					82	82 Street Address (P.O. Box Number is Not Acceptable)			
4411	ADENMENE I'E 34100				83				
					84 City FL 85 Zip Coo				
44 Dureusel t	to the provisions of Sections 607 0	502 and 607 1	LOS Elovida Statu	itee the al	20)/0	named coro		slered	
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.									
agent. I ar	m fa miliar with, and accept the obl	igations of, Se	ction 607.05 05 , F	lorida Stat	utes.				
SIGNATURE .	Signature, typed or printed name of registered i		Saabla (NO	TF. Denistana		• =	ed when reinstating) DATE		
12.		ND DIRECTOR		13.	, Ayan	it aignatora regara	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
TITLE			DELETE	1.1 10	ILE			Addition	
NAME	SIMON, DAVID			1.2 NA	ΜĚ				
STREET ADDRESS 125 NORTH DRIVE, P.O. BOX 1482						ADDRESS			
CITY-ST-ZIP	WINDERMERE FL 34786				1.4 CITY-ST-ZIP				
TITLE			☐ ĐELETË	2.1 TO			☐ Change ☐	Addition	
NAME	22		2.2 NA	ME					
STREET ADDRESS				2.3 ST	REET A	ADDRESS			
CITY-ST-ZIP				2.4 C			·		
TITLE			DELETE	3.1 T(1			Change	Addition	
NAME				3.2 NA	ME				
STREET ADDRESS				3.3 ST	REE1 A	ADDRESS			
CITY-ST-ZIP	•			3.4. C	ITY-SI	r-ZIP			
TALE		 	DELETE	4.1 %			Change	Addition	
NAME				4. 2 N	AME	İ		1	
STREET ADDRESS				4.3 ST	REE1 A	ADDRESS			
CITY-ST-ZIP				4.4 CI	TY-ST	- 21P			
TETLE			DELETE	5.1 (0			☐ Change ☐ d	Addition	
NAME				5.2 NA	ME			-	
STREET ADDRESS				5.3 ST	REE1 A	ADDRESS		ļ	
CITY-ST-ZIP				5.4 CI	TY-\$T	- ZIP			
TITLE		·	DELETE	6.1 TI			☐ Change ☐ A	Addition	
NAME .				6.2 NA	ME				
STREET ADDRESS				6.3 ST	REET A	ADDRESS		ĺ	
CITY-ST-ZIP					TY-SI				

14. I 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 12 if changes.

(1107) 1122-51100