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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P93000055065 (5)

CAPSTONE CREDIT SERVICES, INC.

Principal Place of Business

Mailing Address

1900 LAND O'LAKES BLVD BUTTE 103 LUTZ FL 33549 P.O. BOX 1267 LUTZ FL 33548-1267 **FILED**

May 06 1997 8:00am

Secretary of State

2. Principal Place of Business 2. Principal Place of Status Desired Office On Campaign Financing Trust Fund Contribution	No gent No Gent No Gent No Gent State Conic of the co
21 30 Lut & Lake Fern Rd W 26 P.O. Box 36 65-0433657 Suite, Apt. #, etc. Suite, Apt. #, etc	Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ax under s. 199.032, No gent 85 335 Corio
27 Chy & State 28 Country 28 Country 29 33549 25 Hillsborous 29 33548 20 30 Hillsborous 30 Hills	Fee Required \$5.00 May Be Added to Fees ax under s. 199.032, No gent 85 375 Corie changing its registered internal as registered
Trust Fund Contribution 28	Added to Fees ax under s. 199.032, No gent 85 Zia Conic changing its registered nument as registered
9. Name and Address of Current Registered Agent CULLARO, DOUGLAS W 1900 LAND O'LAKES BLVD SUITE 103 LUTZ FL 33549 82 Street Address (P.O. Box Number is Not Acceptable) 83 LUTZ FL 30549 84 City FL 10. Name and Address of New Registered Agent	ax under s. 199.032, No gent 85 375 Cario 4 changing its registered intment as registered
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CULARO, DOUGLAS W 1900 LAND O'LAKES BLVD SUITE 103 LUTZ FL 33549 81 Name CULARO DOUGLAS W Street Address (P.O. Box Number is Not Acceptable) FCRN 82 City 83 84 City FL 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 coffice 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 appoint agent. I am familiar with and accept the obligations of Sections 67.0505, Florida Statutes.	85 333 Carlo q changing its registered
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Chi Minica III IIII ann	ntment as registered
Chi Minica III IIII ann	
SIGNATURE Signature, typicurer printed name of registored agent and talle it applicable. (NOTE: Registered Agent signature required when reinstating) DATE	8-97
12. OFFICARS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12
THE D DELETE TATHLE PRESIDENT	Change Addition
NAME CULLARO, DOUGLAS W STREET ADDRESS 1900 LAND O' LAKES BLVD. 1.2 NAME CULLARO, DOUGLAS W 1.3 STREET ADDRESS 120 LUTE LAKE FERN Rd	
STREET ADDRESS 1900 LAND O' LAKES BLVD. 1.3 STREET ADDRESS 120 LUTZ LAKE FERN Rd	
CITY-ST-ZIP LUTZ FL 33549 1.4 CITY-ST-ZIP LUTZ FL 33549	
TITLE DELETE 2111TLE	Change Addition
NAME 22 NAME	
STREET ADDRESS 23 STREET ADDRESS	
CITY-ST-ZIP 2 4 CITY-ST-ZIP	
TITLE DELETE 31 TITLE	Change Addition
NAME 32 NAME	
STREET ADDRESS 33 STREET ADDRESS	
<u>CITY-ST-ZIP</u> 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	
	Change DAddilion
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-2IP 5.4 CITY-S1-2IP	
n ■	Change Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-S1-ZIP 6.4 CITY-S1-ZIP	
14. I do hereby certify that the information supplied with this filing doos not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further conformation 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 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 appears in Block 12 of Block 13 if changed, or on an attachment with an address.	ertify that the