FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000003120	(9)
Corporation Name		` '

CAPIT	al career solutions, ii	NC.			
Principal Place of	of Business	Mailing Address			il Bötet übine ettilt libin tentt anti tant
1250-K BLO PARK 20 WI	untstown hwy.	1250-K BLOUNTSTOW PARK 20 WEST TALLAHASSEE FL 323			. Pate of Last Report
2. Principal Place	ce of Business K Blountstown Hwy	2a. Mailing Address	untstown H	4. FEI Number W. 59-3287707	Applied For Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	hasse it,	City & State 28 Tallahassee	.T."	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 363 04	Country 25 LCON	29 3a304	30 Country	8. This corporation has liability for intanger Florida Statutes 10. Name and Address of New Regis	N o}
	9. Name and Address of Current	Registered Agent	81 Name		tered Agent
1250-K Park (Tallai	IMBERLY A BLOUNTSTOWN HWY. 20 WEST HASSEE FL 32304		82 Street Ad 1 Z 6 83 84 City—Ta	I'M BEELY A. CAY dress (P.O. Box Number is Not Acceptable) SU-K Blountstown	FL 85 Zip Code 32301
or registere familiar with SIGNATUFR	ad agent, or both, in the State of Florid h, and accept the obligations of, Social Signature, typed or film, I have of registered agent a	a, Such change was authorize on 607.0505, Florida Statutes. O GAY notific of applicable (NO)	E. Ragishred Agent signature requ	ired when ruir stating)	20 - 96 DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	Change Addition
TITLE	Gresident.	LX DELETE	1 1 1MLE	PRESIDENT	Change [] Addition
NAME	shern Harris		1.2 NAME	KIMBERLY A. GAY	
STREET ADDRESS	Shern' Harris 2520 Lake Front I Tollahossee, 17.3	rive	i i	711 BONITZ AVE.	
CITY-ST-ZIP	Tollahossee, fr. 3	Z3CO	1.4 CITY-ST-ZIP 2 1 TITLE	QUINCY, 5, 323:51	Change Addition
TITLE	Secretary Grantit		2 2 NAME		
NAME	Grald A. Gay, III		23 STREET ADDRESS		
STREET ADDRESS	QUINCY T. 323	51	2 4 CITY - \$1 - ZIP		
CITY-ST-ZIP TITLE	4011009 1111 300	DELETE	3 1 11TLE		Change Addition
NAME			3.2 NAME		
STREE1 ADDRESS			33 STREET ADDRESS		
CITY - ST- ZIP			3 4 CITY - \$1 - 7IP		
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 Addition
TITLE		[] DELETE	5 1 TITLE		C Crisings C Addition
NAME	ļ		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-7IP		DELETI	5.4 C(1Y - ST - ZIP 6. 1 TITLE		Change Addition
TITLE	1	Dotten	6.2 NAME		
NAME			6 3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY+\$1-7IP		
14. Ldo herek	y certify that the information supplied	with this filing is voluntarily furr	island and done not cursi	fy for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
certify that		ual report or supplemental ann pration or the receiver or trusto	iuai report is true and acc lo empowered to execute	urate and that my signature shall have the sar this report as required by Chapter 607, Florid	