

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P95000006499 (4)**
1. Corporation Name
CAPITAL PAGE, INC.



Principal Place of Business 2014 SOUTH ADAMS STREET TALLAHASSEE FL 32301	Mailing Address 2014 SOUTH ADAMS STREET TALLAHASSEE FL 32301
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 519 W. GAINES 22 Suite, Apt. #, etc. 23 City & State TALLAHASSEE FL. 24 Zip 32301 25 Country USA		2a. Mailing Address 26 P.O. BOX 152410 27 Suite, Apt. #, etc. 28 City & State TAMPA, FLORIDA 29 Zip 33684 30 Country USA		3. Date Incorporated or Qualified 01/25/1995	3a. Date of Last Report 05/01/1996
				4. FEI Number 59-3294870	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GAY, LARRY JR 1303 OCALA ROAD APT #115 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name LARRY GAY JR 82 Street Address (P.O. Box Number is Not Acceptable) 2525 E. HILLSBOROUGH #161 83 84 City TAMPA FL 85 Zip Code 33610	
---	--	--	--

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]* (Signature, typed or printed name of registered agent and title if applicable) (NOT Registered Agent signature required when reinstating) DATE **8.7.97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PVD	<input type="checkbox"/> DELETE	1.1 TITLE PVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GAY, LARRY JR		1.2 NAME LARRY GAY JR	
STREET ADDRESS 1303 OCALA ROAD, #115		1.3 STREET ADDRESS 2525 E. HILLSBOROUGH #161	
CITY-ST-ZIP TALLAHASSEE FL 32304		1.4 CITY-ST-ZIP TAMPA, FL. 33610	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURCH, DE ANDRE		2.2 NAME BRENDA GAY	
STREET ADDRESS 1303 OCALA ROAD, #115		2.3 STREET ADDRESS 4506 SPRINGDALE DRIVE	
CITY-ST-ZIP TALLAHASSEE FL 32304		2.4 CITY-ST-ZIP CLEVELAND, OHIO 44128	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, TANYA		3.2 NAME TANYA BROWN	
STREET ADDRESS 2932 CROSS CREEK COURT		3.3 STREET ADDRESS 2525 E. HILLSBOROUGH #161	
CITY-ST-ZIP TALLAHASSEE FL 32301		3.4 CITY-ST-ZIP TAMPA FL 33610	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (4/97)