FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 MAY -1 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000053890 (6)

1. Corporation Name
CAPITAL SUCCESS, INC.

Principal Place of Business
4411 BEE RIDGE RD. STE 373
SARASOTA FL 34243

Mailing Address
4411 BEE RIDGE RD. STE 373
SARASOTA FL 34243

3. Date Incorporated or Qualified: 07/10/1995
3a. Date of Last Report: 7/1/95

2. Principal Place of Business
21 6555 N. Biscayne Dr
22 Suite, Apt. #, etc.
23 City & State: North Port, FL.
24 Zip: 34287
25 Country: Sarasota

2a. Mailing Address
26 6555 N. Biscayne Dr
27 Suite, Apt. #, etc.
28 City & State: North Port, FL.
29 Zip: 34287
30 Country: Sarasota

4. FEI Number: 65-0600501 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ✓ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
CATALDO, PETER M
4411 BEE RIDGE RD. STE 373
SARASOTA FL 34243

10. Name and Address of New Registered Agent
81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable)
P.M. Cataldo
83 6555 N. Biscayne Dr.
84 City: North Port Estates, FL 85 Zip Code 34287

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] President — Date: 4/16/96
Signature, typed or printed name of registered agent and title if applicable — DATE — Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Peter M. Cataldo		1.2 NAME	
STREET ADDRESS	6555 N. Biscayne Dr.		1.3 STREET ADDRESS	
CITY-ST-ZIP	North Port, FL 34287		1.4 CITY-ST-ZIP	
TITLE	V.P.	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Martha A. Cataldo		2.2 NAME	
STREET ADDRESS	6555 N. Biscayne Dr.		2.3 STREET ADDRESS	
CITY-ST-ZIP	North Port, FL 34287		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			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	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] Peter M. Cataldo — 4-16-96 — 941-426-2856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #