


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

008134

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90096 045 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000011160**

1. Corporation Name

**CAPITAL MARKETING ASSOCIATES, INC.**

*MANAGEMENT (AMENDMENT HAS BEEN FILED)*



Principal Place of Business 1313 W FAIRBANKS AVENUE STE. 1201 WINTER PARK FL 32789 US	Mailing Address 1313 W FAIRBANKS AVENUE WINTER PARK FL 32789 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1245 W. FAIRBANKS AVE.</b> Suite, Apt. #, etc. 22 <b>STE. 301</b> City & State 23 <b>WINTER PARK FL</b> Zip 24 <b>32789</b> Country 25 <b>US</b>	2a. Mailing Address 26 <b>1245 W. FAIRBANKS AVE.</b> Suite, Apt. #, etc. 27 <b>STE. 301</b> City & State 28 <b>WINTER PARK FL</b> Zip 29 <b>32789</b> Country 30 <b>US</b>	3. Date Incorporated or Qualified <b>02/01/1996</b>	4. FEI Number <b>59-3359745</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**RUSSO, DAVID A**  
**1313 W FAIRBANKS AVENUE**  
**STE. 1201**  
**WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) <b>1245 W. FAIRBANKS AVE.</b>	83 <b>STE. 301</b>	84 City <b>WINTER PARK</b>	85 State <b>FL</b>	86 Zip Code <b>32789</b>
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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

*Beth A. Lang* - **BETH A. LANG, SECRETARY/TREAS. 4-14-99**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	<b>1245 W. FAIRBANKS AVE. STE. 301</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>WINTER PARK. FL. 32789</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE:

*Beth A. Lang* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-14-99**  
Date

**407-628-5005**  
Daytime Phone #

CR2E034 (11/98)