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FILED  
Mar 24 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 # **P96000034514 (5)**  
1. Corporation Name  
**CAPITALIST RESOURCE MANAGEMENT, INC.**



Principal Place of Business: **1917 WILLOW RUN DR. TALLAHASSEE FL 32312**  
Mailing Address: **PO BOX 1200 TALLAHASSEE FL 32302-1200**

3. Date Incorporated or Qualified: **04/19/1996**      3a. Date of Last Report  
4. FEI Number: **59-3384753**      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

2. Principal Place of Business:  
21 State, Apt. #, etc.  
22 City & State  
23 Zip      25 Country  
2a. Mailing Address:  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip      30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANDRUM, SHAWN A  
1917 WILLOW RUN DR.  
TALLAHASSEE FL 32312**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.05-07 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LANDRUM, ROBERT G JR.</b>	
STREET ADDRESS	<b>1917 WILLOW RUN DR.</b>	
CITY- ST- ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LANDRUM, SHAWN A</b>	
STREET ADDRESS	<b>1917 WILLOW RUN DR.</b>	
CITY- ST- ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LANDRUM, GARY</b>	
STREET ADDRESS	<b>3815 BOBBIN MILL RD.</b>	
CITY- ST- ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I, the undersigned, 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 and dates 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: *Shawn A. Landrum*      3-17-97      904-894-0562  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      Telephone #

CR2E034 (9/96)