

5-15-98 B- 7474 -C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000082874 (4)
 1. Corporation Name
CAPITAL DESIGN STRATEGIES, INC.

Principal Place of Business: **4901 NW 17TH WAY #407 FORT LAUDERDALE FL 33309-3773**
 Mailing Address: **4901 NW 17TH WAY #407 FORT LAUDERDALE FL 33309-3773**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/08/1996	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	
22		27		65-0734935	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PARADISO, DON A ESQ 5874 DEERFIELD PLACE LAKE WORTH FL 33463				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	
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.					

12. OFFICERS AND DIRECTORS

TITLE	M	<input type="checkbox"/> DELETE
NAME	MORGENSTERN, FRED E	
STREET ADDRESS	5874 DEERFIELD PLACE	
CITY-ST-ZIP	LAKE WORTH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4901 NW 17TH WAY - SUITE 407
1.4 CITY-ST-ZIP	FT. LAUDERDALE FL. 33309

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

DATE: _____

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

SIGNATURE: *M. Morgenstern* **APRIL 20 1998 954.772.9541**

CR2E034 (10/97)