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PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortha

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700000332 (1)

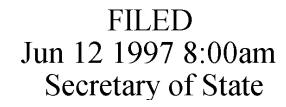
CÁPITAL IDEA CONSULTANTS, INC.

Principal Place of Business

Mailing Address

TYPE MATHAME DOWN

17718 NATHANS DRIVE



		3	·*· —	TAMPA FL 3	3647-2264							
			-						3. Date Incorporated or Qualified 12/30/1996	3a. Da	e of Last	Report
2.	Principal Pi	ace of Business		2a. Mailing	Address				14. FEI Number 111. 11. 11. 11. 11. 11. 11. 11. 11. 11	9		Applied For Not Applicable
	Sulte, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
	City & State	7		City & State					6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
	Zip	C	ountry	Zip		Count	ry		8. This corporation has liability for i	ntangible i		s. 199.032,
***			Address of Curren		jent				10. Name and Address of New Re-			
	DAVI	S, SHELDON P	FSO			8	1 1	Name				
		SO ASHLEY DRI				8	٠.,	Otro et d'alala	(D.O. Can March as in March Assessed	143		
STE 890						6		Street Address (P.Ö. Box Number is Not Acceptable)				
	TAM	PA FL 38602				8	1	City			85 Zig	Code
						١	Ί,	City		FL	2.17.	, 0000
	Pursuant office or reagent. I a	to the provisions o egistered agent, o m familiar with, and	f Sections 607.050; r both, in the State d accept the obliga	2 and 607.1508, of Florida. Such ations of, Section	Florida Stati change was 607.0505, F	utes, the abo authorized to Florida Statut	ve-r by thes.	named corp he corporat	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of t the appo	changing intment a	its registered is registered
	- INTONE	Signature, typed or printe	od name of registered age). (NC	TE: Registered A	gent i	signature requir	ed when reinstaling)	DATE		
12.			OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	FRS AND		
TITU	E å.	President		ا ا	DELETE	1.1 TITLE					Change	Addition
NAM	E ₹	Kenneth (Earl Sponag	ا و 		1.2 NAMI	Ε					
getre	ET ADDRESS	7718 116	than's Bri			1.3 STRE	ET AD	DORESS				
	-S1-ZIP	Tampa. F	Torida Si	SL 47		1.4 CITY		ZIP			_	
TITL					DELETE	2.1 TITLE			•	ļ	Change	Addition
NAM	E					2.2 NAME						
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	-ST-ZIP					2. 4 CITY		ZIP				
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NAM					•	6.2 NAME						
	ET ADORESS					6.3 STRE		l				ļ
CITY	-ST-ZIP					6.4 CITY	ST-	ZIP	1 - 0 - 6 - 110 07/0V/5 F(- 11 - 004 4 -			

on nereby ceruly that the information supplied with this filling 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.