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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P97000017245**1. Corporation Name

CAPITAL RESOURCES CONSULTING GROUP, INC.

Principal Place of Business
4250 14TH WAY NORTHEAST
OT DETERORISM EL 20700

Mailing Address

4250 14TH WAY NORTHEAST

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90135 015 ***150.00



ST PETERSBUR	G FL 33703 ST PETERSBURG FL 33703			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 02/24/1997	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21 /353	36 Jake Magdalene 26 SAME				59-3430816 Not Applicable	
Suite, Apt.	#, etc.	tc. Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Additional Fee Required	
City & Stat	mpa, FC	City & State		_	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip 24 3.36	Country 13 25 HT CLSBORON	Zip	Count	try	8. This corporation owes the current year Intangible Personal Property Tax.	
-:1 <i>55 -</i> .	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
			8	31 Nam	ne l	
NAGER, GERALD A 13536 LAKE MAGDALENE DR				82 Street Address (P.O. Box Number is Not Acceptable)		
TAM	IPA FL 33613		1	33		
			١.	34 City	85 Zip Code	
			1	City	FL S L S S S S S S S	
agent. I a	ım familiar with, and accept the obligati	ons of, Section 607.0505, Flori	ida Statut	es.	prporation's board of directors. I hereby accept the appointment as registered ure required when rematating) DATE	
	Signature, typed or printed name of registered agent OFFICERS AND		13.	gent signatu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	V OFFICERS AND	DELETE	1.1 TITL		Change Addition	
TITLE	ROOD, ROBIN D	- Detere	1.2 NAM			
NAMÉ	AND ANTILIMAN MODIFIESOT			EET ADDRÉS	ree	
STREET ADDRESS					.55	
CITY-ST-ZIP	ST PETERSBURG FL 33703	□ DELETE	2.1 TITL	-ST-ZIP	☐ Change ☐ Addition	
TITLE	P CERMON					
NAME	NAGER, GERALD A		2.2 NAM			
STREET ADDRESS	1			EET ADDRE	.55	
CITY-ST-ZIP	TAMPA FL 33613	☐ DELETE	2.4 CIT	Y-ST-ZIP	Change Addition	
TITLE		- OCT 11	3.1 IIIL			
NAME			1	EET ADDRE		
STREET ADDRESS				Y-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITU		☐ Change ☐ Addition	
NAME			4, 2 NA			
STREET ADDRESS			1	EET ADDRE	ess	
	[-ST-ZIP	,	
CITY-ST-ZIP TITLE		DELETE	5.1 TITL		Change Addition	
NAME		<u> </u>	5.2 NAM			
NAME STREET ADDRESS				EET ADDRE	ess	
STREET ADDRESS	1				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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Addition