

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0089843

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <b>P97000022843 (1)</b>		
1. Corporation Name <b>CAPITAL NETWORK MARKETING, INC.</b>		

Principal Place of Business <b>7154 N. UNIVERSITY DRIVE SUITE 250 TAMARAC FL 33321</b>		Mailing Address <b>7154 N. UNIVERSITY DRIVE SUITE 250 TAMARAC FL 33321</b>	
2. Principal Place of Business <b>21 Suite, Apt. #, etc.</b>		2a. Mailing Address <b>26 Suite, Apt. #, etc.</b>	
22 City & State <b>23 Zip</b>		27 City & State <b>28 Zip</b>	
24	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**O'LEARY, DAVID  
9100 S. DADELAND BLVD.  
SUITE 825  
MIAMI FL 33156**

81 Name **ELY MARGOLIN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7154 N. UNIVERSITY DRIVE  
TAMARAC FL**  
83  
84 City **SUITE 250** FL 85 Zip Code **33321**

11. Pursuant to the provisions of sections 607.0042 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, if any, 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 the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	NAME <b>KLEIN, JON</b>	1.1 TITLE <b>ELY MARGOLIN</b>	1. Change <input checked="" type="checkbox"/> 2. Addition <input type="checkbox"/>
STREET ADDRESS <b>5719 N. ANDREWS WAY</b>	CITY-ST-ZIP <b>FT. LAUDERDALE FL 33309</b>	1.2 NAME <b>7154 N. UNIVERSITY DRIVE</b>	1. Change <input type="checkbox"/> 2. Addition <input type="checkbox"/>
		1.3 STREET ADDRESS <b>TAMARAC FL 33321</b>	1. Change <input type="checkbox"/> 2. Addition <input type="checkbox"/>
		1.4 CITY-ST-ZIP <b>33321</b>	1. Change <input type="checkbox"/> 2. Addition <input type="checkbox"/>
TITLE	NAME	2.1 TITLE <b>4000002969854</b>	1. Change <input type="checkbox"/> 2. Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME <b>-08/25/99--01073--014</b>	1. Change <input type="checkbox"/> 2. Addition <input type="checkbox"/>
		2.3 STREET ADDRESS <b>***300.00</b>	1. Change <input type="checkbox"/> 2. Addition <input type="checkbox"/>
		2.4 CITY-ST-ZIP <b>***300.00</b>	1. Change <input type="checkbox"/> 2. Addition <input type="checkbox"/>
TITLE	NAME	3.1 TITLE <b>4.1 TITLE</b>	1. Change <input type="checkbox"/> 2. Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME <b>4.2 NAME</b>	1. Change <input type="checkbox"/> 2. Addition <input type="checkbox"/>
		3.3 STREET ADDRESS <b>4.3 STREET ADDRESS</b>	1. Change <input type="checkbox"/> 2. Addition <input type="checkbox"/>
		3.4 CITY-ST-ZIP <b>4.4 CITY-ST-ZIP</b>	1. Change <input type="checkbox"/> 2. Addition <input type="checkbox"/>
TITLE	NAME	4.1 TITLE <b>5.1 TITLE</b>	1. Change <input type="checkbox"/> 2. Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME <b>5.2 NAME</b>	1. Change <input type="checkbox"/> 2. Addition <input type="checkbox"/>
		4.3 STREET ADDRESS <b>6.1 TITLE</b>	1. Change <input type="checkbox"/> 2. Addition <input type="checkbox"/>
		4.4 CITY-ST-ZIP <b>6.2 NAME</b>	1. Change <input type="checkbox"/> 2. Addition <input type="checkbox"/>
		5.3 STREET ADDRESS <b>6.3 STREET ADDRESS</b>	1. Change <input type="checkbox"/> 2. Addition <input type="checkbox"/>
		5.4 CITY-ST-ZIP <b>6.4 CITY-ST-ZIP</b>	1. Change <input type="checkbox"/> 2. Addition <input type="checkbox"/>

**REINSTATEMENT 9/24/98 ITS**

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/24/98 Daytime Phone #

FILED

99 AUG 10 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02E034 (5/98)