

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

FILED
Jun 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000042526 (8)
 1. Corporation Name
NATIONAL CAPITAL SERVICES, INC.



Principal Place of Business 7886 BARTHOLOMEU DRIVE N FT MYERS FL 33917	Mailing Address POST OFFICE BOX 900 50780 FL 33920 Ft. Myers P.O. Box 9364
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7886 Bartholomew	2a. Mailing Address 26 P.O. Box 9364
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Ft. Myers, FL	28 City & State Ft. Myers, FL
24 Zip 33917	25 Country U.S.A
29 Zip 33902	30 Country U.S.A

3. Date Incorporated or Qualified 05/14/1997	4. FEI Number 65-0755003	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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 607.0502 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.

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

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	RICHARDSON, HOLLYS	
STREET ADDRESS	7886 BARTHOLOMEU DRIVE	
CITY-ST-ZIP	N FT MYERS FL 33917	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, DEAN	
STREET ADDRESS	7886 BARTHOLOMEU DRIVE	
CITY-ST-ZIP	N FT MYERS FL 33917	
TITLE	S Troy Richardson	<input type="checkbox"/> DELETE
NAME	Troy Richardson	
STREET ADDRESS	7886 Bartholomew Dr.	
CITY-ST-ZIP	Ft. Myers, FL 33917	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	700002545407
6.3 STREET ADDRESS	-06/03/98--01010--016
6.4 CITY-ST-ZIP	***300.00

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 _____ DATE **4.25.98**

CR2E034 (10/97)