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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90012 050 ***150.00

DOCUMENT #	P97000042526
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NATIONAL CAPITAL SERVICES, INC.

Principal Place	of Business	Mailing Address								
7886 BARTHOLOMEU DRIVE POST OFFICE BOX 93										
N FT MYERS FL 33917 FT MYERS FL 33902							DO NOT WR	ITE IN THIS	SPACE	
						F	3. Date Incorporated or Qualifed			
						}	05/14/1997			}
2 Principal PI	ace of Business	2a. Mailing Address					4. FEI Number		T A	oplied For
Z. Frincipai Fi	ace of Business	26)	65-0755003			ot Applicable
Suite, Apt. i	# ptc	Suite, Apt. #, etc.								Additional
\neg	, G.C.	27				j	Certificate of Status Desired		7	equired
City & State		City & State					6. Election Campaign Financing		\$5.00	May Be
- 7 ′		28				l	Trust Fund Contribution			to Fees
Zip	Country	Zip	Col	untry			8. This corporation owes the cur	rent vear Int	angible	
24	[25]	29	30	,		Ì	Personal Property Tax.		Yes	□No
	9. Name and Address of Current	_\	11	T^-			10. Name and Address of New	Registered	Agent	
				81	Name	-				}
AME	RILAWYER CHARTERED			1	A	44	(D.O. Bay Number is Not Accept	inhla)		
343 /	almeria avenue			82	Street A	aares	ss (P.O. Box Number is Not Accept	able)		-
COR	AL GABLES FL 33134			83						
									-r- -	
				84	City			FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statu	tes, the a	above	-named c	corpora	ation submits this statement for the	purpose of	changing its	s registered
office or re agent. I ar SIGNATURE	m familiar with, and accept the obligati	ions of, Section 607.0505, Flo	onda Sta	iutes.						
agent. I ar	m familiar with, and accept the obligati	and title if applicable. (NOT)	orida Sta E: Registere	IVIES.			vhen reinstating)	DATE		
agent. I an SIGNATURE 12.	m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTI	E: Registere	IUIES.	t signature rec	quired w		DATE	ID DIRECT	ORS IN 12
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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.

SIGNATURE: