

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000084827 (9)

1. Corporation Name

CAPPS SUPPORT SERVICES, INC.

Principal Place of Business

2724 FRENCH AVE
LAKELAND FL 33801

Mailing Address

2724 FRENCH AVE
LAKELAND FL 33801

2. Principal Place of Business

21 2724 French Ave
Suite, Apt. #, etc.

26 Mailing Address

26 2724 French Ave
Suite, Apt. #, etc.

22 City & State

23 Lakeland FL.

Zip

24 33801

Country

25 Polk

28 ZIP

29 33801

Country

30 Polk

9. Name and Address of Current Registered Agent

CAPPS, CONSTANCE D
2724 FRENCH AVE
LAKELAND FL 33801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 *Constance D. Cappes*

Signature, typed or printed name of registered agent and title if applicable

4-29-98

DATE

12. OFFICERS AND DIRECTORS

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	1.1 TITLE	Owner	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	1.2 NAME	Constance D. Cappes		
STREET ADDRESS	1.3 STREET ADDRESS	2724 French Ave		
CITY-ST-ZIP	1.4 CITY-ST-ZIP	Lakeland, FL 33801		

TITLE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	2.2 NAME			
STREET ADDRESS	2.3 STREET ADDRESS			
CITY-ST-ZIP	2.4 CITY-ST-ZIP			

TITLE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	3.2 NAME			
STREET ADDRESS	3.3 STREET ADDRESS			
CITY-ST-ZIP	3.4 CITY-ST-ZIP			

TITLE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	4.2 NAME			
STREET ADDRESS	4.3 STREET ADDRESS			
CITY-ST-ZIP	4.4 CITY-ST-ZIP			

TITLE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	5.2 NAME			
STREET ADDRESS	5.3 STREET ADDRESS			
CITY-ST-ZIP	5.4 CITY-ST-ZIP			

TITLE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	6.2 NAME			
STREET ADDRESS	6.3 STREET ADDRESS			
CITY-ST-ZIP	6.4 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.

SIGNATURE *Constance D. Cappes* 4-29-98 941-118-0854

FILED
May 15 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1997

4. FEI Number

59-3474346

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be

Added to Fees

7. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

CR2E034 (10/97)