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Apr 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000088438 (1)

1. Corporation Name

CAPITAL CONSULTING SERVICES, INC.

Principal Place of Business

Mailing Address

1140 ANSLEY CIRCLE #102
APOPKA FL 32703

1140 ANSLEY CIRCLE #102
APOPKA FL 32703

405 Douglas Ave., Suite 1305
Altamonte Springs, FL 32714

405 Douglas Ave., Suite 1305
Altamonte Springs, FL 32714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 405 Douglas Avenue

26 405 Douglas Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1305

27 Suite 1305

City & State

City & State

23 Altamonte Springs, FL

28 Altamonte Springs, FL

Zip

Zip

24 32714

29 32714

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-8643

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COOK, CRAIG F
1140 ANSLEY CIRCLE #102
APOPKA FL 32703

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
P
Cook, Craig F.
1140 Ansley Circle #102
Apopka, FL 32703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
[] Change [] Addition

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] (Craig F. Cook) April 7 1997 (407) 774-3323

CR2E034 (10/97)