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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000094152

1. Corporation Name

CAPITAL ACCESS MANAGEMENT GROUP, INC.

Principal Place of Business

320 PINEY RIDGE RD
CASSELBERRY FL 32707

Mailing Address

320 PINEY RIDGE RD
CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1997

4. FEI Number

59-3474136

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5011 Highway 17-92

Suite, Apt. #, etc.

2a. Mailing Address

26 5011 Highway 17-92

Suite, Apt. #, etc.

City & State

23 Casselberry, FL

Zip

24 32707

Country

25 USA

City & State

28 Casselberry, FL

Zip

29 32707

Country

30 USA

9. Name and Address of Current Registered Agent

CARLEY, DOUGLAS L
320 PINEY RIDGE RD
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name Harrison, Charles R.

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

1400 W. Fairbanks83 Suite 20484 City Winter Park

FL

85 Zip Code 32789

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

Charles R. Harrison

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

(NOTE: Registered Agent signature required when reinstating)

Date 4/12/99

12. OFFICERS AND DIRECTORS

TITLE CEO ☒ DELETENAME TIMMONS, HARRY
STREET ADDRESS 320 PINEY RIDGE ROAD
CITY-ST-ZIP CASSELBERRY FL 32707TITLE Secretary ☒ DELETENAME Douglas L. Carley
STREET ADDRESS 5011 Highway 17-92
CITY-ST-ZIP Casselberry, FL 32707TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Deletion1.2 NAME Matthew Carley
1.3 STREET ADDRESS 5011 Highway 17-92
1.4 CITY-ST-ZIP Casselberry, FL 327072.1 TITLE Secretary ☐ Change ☒ Addition2.2 NAME Douglas L. Carley
2.3 STREET ADDRESS 5011 Highway 17-92
2.4 CITY-ST-ZIP Casselberry, FL 327073.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: Douglas L. Carley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/15/99 Daytime Phone # 407-339-7947

CR2E034 (1/98)