

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90111 026 ***150.00

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/03/1997	4. FEI Number 59-3474136	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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 5011 Highway 17-92 Suite, Apt. #, etc.	2a. Mailing Address 28 5011 Highway 17-92 Suite, Apt. #, etc.
22	27
23 City & State Casselberry, FL	28 City & State Casselberry, FL
24 Zip 32707	25 Country USA
29 Zip 32707	30 Country 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. Fairbanks
83 Suite Suite 204
84 City Winter Park
85 State FL
86 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* DATE **4/12/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE CEO	<input checked="" type="checkbox"/> DELETE
NAME TIMMONS, HARRY	
STREET ADDRESS 320 PINEY RIDGE ROAD	
CITY-ST-ZIP CASSELBERRY FL 32707	
TITLE Secretary	<input checked="" type="checkbox"/> DELETE
NAME Douglas L. Carley	
STREET ADDRESS 5011 Highway 17-92	
CITY-ST-ZIP Casselberry, FL 32707	
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 President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Deletion
1.2 NAME Matthew Carley	
1.3 STREET ADDRESS 5011 Highway 17-92	
1.4 CITY-ST-ZIP Casselberry, FL 32707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Douglas L. Carley	
2.3 STREET ADDRESS 5011 Highway 17-92	
2.4 CITY-ST-ZIP Casselberry, FL 32707	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	
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* **REQUIRED** DATE **4/15/99** DAYTIME PHONE # **407-339-7947**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)