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

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90125 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999 2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000108640**

1. Corporation Name
CAPITAL MARKETING CORPORATION

Principal Place of Business
123 NW 13 STREET
SUITE 307
BOCA RATON FL 33432

Mailing Address
123 NW 13 STREET
SUITE 307
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: P.O. Box 852
21 ~~4801 Linton Blvd~~
Suite ~~Apt. or Rm.~~
22 ~~HA 200~~
City & State: DEERFIELD BEACH, FL
23 ~~Delray Beach FL~~
Zip: 24 33443
Country: 25 USA

2a. Mailing Address: P.O. Box 852
26 ~~4801 Linton Blvd~~
Suite, Apt. or Rm. etc.
27 ~~HA 200~~
City & State: DEERFIELD BEACH
28 ~~Delray Beach~~, FL
Zip: 29 33443
Country: 30 USA

3. Date Incorporated or Qualified: 12/30/1997

4. FEI Number: 65-0802241 ☐ 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

8. This corporation owes the current year intangible Personal Property Tax ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: IRA COHEN
82 Street Address (P.O. Box Number is Not Acceptable): ~~4801 Linton Blvd~~ 2200 S. Ocean Blvd
83 ~~Suite HA 200~~ Apt 402
84 City: DELRAY BEACH FL 85 Zip Code: ~~33445~~ 33483

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/we hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/24/00
Signature, type or print name of registered agent and title if applicable: IRA COHEN (NOTE: Registered Agent signature required when reinstating.) DATE: 4-16-99

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	COHEN, IRA	
STREET ADDRESS	123 NW 13 ST, STE 307	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VSTD	☐ DELETE
NAME	COHEN, FRAIDA M	
STREET ADDRESS	123 NW 13 ST, STE 307	
CITY-ST-ZIP	BOCA RATON FL 33432	
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

11 TITLE		☑ Change ☐ Addition
12 NAME	2200 S. OCEAN BLVD, APT 402	
13 STREET ADDRESS	~~4801 LINTON BLVD, STE HA-200~~	
14 CITY-ST-ZIP	DELRAY BEACH, FL ~~33445~~ 33483	
21 TITLE		☑ Change ☐ Addition
22 NAME	2200 S. OCEAN BLVD, APT 402	
23 STREET ADDRESS	~~4801 LINTON BLVD, STE HA-200~~	
24 CITY-ST-ZIP	DELRAY BEACH, FL ~~33445~~ 33483	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (11/98)

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: [signature] 4-24-00