FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # S94707 (4)

1. Corporation Name
CAPITAL INFORMATION NETWORK INC.

Principal Place of Business
327 OFFICE PLAZA DRIVE
STE 209
TALLAHASSEE FL 32301
US

Mailing Address
BOX 12068
TALLAHASSEE FL 32317

3. Date Incorporated or Qualified: 11/18/1991
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3093278 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [X] Yes [ ] No

2. Principal Place of Business
21 5304 SAINT IVES LANE
Suite, Apt. #, etc.
22
City & State
23 TALLAHASSEE FL
24 Zip 32308 25 Country USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 Zip 30 Country

9. Name and Address of Current Registered Agent
MONELLO, S ALLEN
327OFFICE PLAZA DR #209
4589 BARCLAY LN
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name S. ALLEN MONELLO
82 Street Address (P.O. Box Number is Not Acceptable) 5304 SAINT IVES LANE
83
84 City TALLAHASSEE FL 85 Zip Code 32308

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: S. Allen Monello — S. ALLEN MONELLO — DATE 4/26/96

12. OFFICERS AND DIRECTORS

TITLE	PTSD	[X] DELETE
NAME	ALLEN, MONELLO S.	
STREET ADDRESS	327 OFFICE PLAZA DRIVE SUITE 209	
CITY-ST-ZIP	TALLAHASSEE FL	
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		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	[X] Change [ ] Addition
1.2 NAME	S. ALLEN MONELLO	
1.3 STREET ADDRESS	5304 SAINT IVES LANE	
1.4 CITY-ST-ZIP	TALLAHASSEE FL 32308	
2.1 TITLE	TREASURER, SECRETARY	[ ] Change [X] Addition
2.2 NAME	L. KAYE MONELLO	
2.3 STREET ADDRESS	5304 SAINT IVES LANE	
2.4 CITY-ST-ZIP	TALLAHASSEE FL 32308	
3.1 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: S. Allen Monello — S. ALLEN MONELLO — PRESIDENT — 4/26/96 — (904) 942-2670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)