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FILED Jun 11 1998 8:00am **PROFIT** LLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1**9**98 DOCUMENT # CAPSTONE PRODUCTS, INC. Principal Place of Business Mailing Address 203 FLAGSHIP DRIVE 203 FLAGSHIP DRIVE **LUTZ FL 33549** LUTZ FL 33549 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/09/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3135282 Not Applicable Suite, Apt. #, etc Suite, Apt. #. atc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 28 Trust Fund Contribution Added to Fees 23 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 GREGORY, DONALD J. 19704 HIAWATHA ROAD Street Address (P.O. Box Number is Not Acceptable) 82 **ODESSA FL 33556** 83 84 Zin 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 for both up to state of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with the obligations of, Section 607.0505. Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 DELETE Change Addition 1.1 DILE TITLE D GREGORY, DONALD J. 1.2 NAME NAME 19704 HIALWATHA ROAD STREET ADDRESS 1.3 STREET ADDRESS **ODESSA FL** 1.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE **GREGORY, JOANNE** 2.2 NAME 19704 HIALWATHA ROAD STREET ADDRESS 2.3 STREET ADDRESS **ODESSA FL** CITY-ST-ZIP 2.4 CHY-ST-7IP DELETE Change Addition TITLE 31 111LE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DILETE Change Addition TITLE 4.1 TO LE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - ST - ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - 7/P CITY-ST-ZIP DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

14. Thereby 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 abundance supplies certain the port is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the process or pushes empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in