FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 3:41

DOCUMENT # **359263** **(1)**

1. Corporation Name

C A S MANAGEMENT CORP

Principal Place of Business	Mailing Address
5820 MIAMI LAKES DR MIAMI LAKES FL 33014	5820 MIAMI LAKES DR MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/03/1970	3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-1288637	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of ~~New~~ Registered Agent
COHEN, WILLIAM D 5000 MIAMI LAKES DRIVE MIAMI LAKES FL 30014	81 Name: COHEN, WILLIAM D. 82 Street Address (P.O. Box Number is Not Acceptable): 5820 MIAMI LAKES DRIVE 83 84 City: MIAMI LAKES FL 85 Zip Code: 33014

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD ADDRESS	☒ Change ☐ Addition
NAME	COHEN, WILLIAM D.	12 NAME	COHEN, WILLIAM D.	
STREET ADDRESS	5000 MIAMI LAKES DRIVE	13 STREET ADDRESS	5820 MIAMI LAKES DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL	14 CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	SD	21 TITLE	SD ADDRESS	☒ Change ☐ Addition
NAME	AGER, RONALD	22 NAME	AGER, RONALD	
STREET ADDRESS	5000 MIAMI LAKES DRIVE	23 STREET ADDRESS	5820 MIAMI LAKES DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL	24 CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: _____ RONALD AGER 4/11/95 305-556-4601
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR NO CP