

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

FILED
Jun 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 498798 (8)

1. Corporation Name
CASCADES LANES, INC.



Principal Place of Business 1818 SW 17TH ST OCALA FL 34474 US	Mailing Address 1028 S.E. 14TH TERR. OCALA FL 34471-4520 US
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2. Principal Place of Business 21 1028 S.E. 14th Terr.	2a. Mailing Address 26	3. Date incorporated or Qualified 03/12/1976	3a. Date of Last Report 03/28/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1656120	Applied For Not Applicable
City & State 23 Ocala, Fl	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 34671	Country 25 U.S.A.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CURRY, LANDIS V. JR. 21 N.E. 1ST AVE. OCALA FL 32870		10. Name and Address of New Registered Agent	
B1 Name			
B2 Street Address (P.O. Box Number is Not Acceptable)			
B3			
B4 City	FL	B5 Zip 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, 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, KATRENE	1.2 NAME	
STREET ADDRESS	1215 S.E. 22ND AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	AST <input type="checkbox"/> DELETE	2.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, WAYNE C.(ASST)	2.2 NAME	Curtis Wayne C.
STREET ADDRESS	1028 SE 14TH TERRACE	2.3 STREET ADDRESS	1028 S.E. 14th Terrace
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Ocala Fl. 34471
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, CHARLES T	3.2 NAME	Darian Collins Ferguson
STREET ADDRESS	1634 BRUMAN TERRACE	3.3 STREET ADDRESS	2919 E. Withlacoochee Trail
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Dunnellon, FL 34431
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (9/96)

SIGNATURE _____ DATE 6/2/97