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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000059685 (6)

CASE DESIGNS, INC.

**FILED** Feb 24 1998 8:00am Secretary of State

						Y	
Principal Place of Business Mailing Address				1 10 2 11 20 11 11 10 10 10 11 11 10 11 11 10 11 11	itim imite attar burnt Bett 1881		
881 THIRD ST NW 881 THIRD ST					)		
NAPLES FL 33964		NAPLES FL 33964		DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualified	707.102	
					08/17/1993	•	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0436147	Not Applicable	
	ite, Apt. #, etc. Suite, Apt. #, etc.				_	\$8.75 Additional	
22	27				5. Certificate of Status Desired	Fee Required	
City & State	City & State City & State				6. Election Campaign Financing	\$5.00 May Be	
23					Trust Fund Contribution	Added to Fees	
Zip	Country	29 34120 30	Country	,	8. This corporation owes or has paid the c	urrent year Intangible	
24 341		29 34120 30	<u> </u>		Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	d Agent	
STE	EWART, JAMES C JR.		81	Name -			
1725 COUNTY ROAD 951			82	Street Add	eet Address (P.O. Box Number is Not Acceptable)		
SUITE 108					· · · · · · · · · · · · · · · · · · ·		
GOLDEN GATE FL 33999			63	ì		1	
ļ			84	City	F	85 Zip Code	
44 D.	to the service of Costinue COZ OLOG	COT 1500 Florida Ctat. tan	the elec-				
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 Signature: typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND	DRUCTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE			Change Addition	
NAME	KINKEAD, CHRISTIAN R		1.2 NAME			l	
STREET ADDRESS	881 3RD STREET NW	i	1.3 STREET	ADDRESS		Įį	
CITY-ST-ZIP	NAPLES FL			ST-ZIP			
TITLE	D	DELETE 2.1 TH				Change Addition	
NAME	KINKEAD, TONI J		2.2 NAME				
STREET ADDRESS	881 3RD STREET NW		2.3 STREET	ADDRESS	<b>€.</b> **		
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3 1 TITLE			Change Addition	
NAME			32 NAME	j		1	
STREET ADDRESS			3 3 STREET	ADDRESS		İ	
CITY-SI-ZIP			3 4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - 3	ST- ZIP			
TITLE		DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME			]	
STREET ADDRESS			5 3 STREET	ADDRESS		1	
CITY-ST-ZIP			5.4 CITY-5	ST-21P			
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 City - 5	ST-ZIP			

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 adaction with an address.

**SIGNATURE:**