

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

FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000075233 (2)

1. Corporation Name
SYDNEY E. CASSELMAN, C.P.A., P.A.



Principal Place of Business
1114 FLORIDA AVENUE SUITE A PALM HARBOR FL 34683

Mailing Address
1114 FLORIDA AVENUE SUITE A PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **1045 Comal Dr.**
 Suite, Apt. #, etc.

22
 City & State
 23 **Corpus Christi, Tx**
 Zip Country
 24 **78407** 25 **Nueces**

2a. Mailing Address
 26 **1045 Comal Dr.**
 Suite, Apt. #, etc.

27
 City & State
 28 **Corpus Christi, Tx**
 Zip Country
 29 **78407** 30 **Nueces**

3. Date Incorporated or Qualified
09/09/1996

4. FEI Number
59-3401996

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**CASSELMAN, SYDNEY E
 1114 FLORIDA AVENUE SUITE A
 PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent
 81 Name **Sydney E. Casselman**
 82 Street Address **1570 Glen Court**
 83
 84 City **Dunedin, FL** 85 **34698**

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 *Sydney Casselman* DATE **4-28-98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CASSELMAN, SYDNEY E	
STREET ADDRESS	1114 FLORIDA AVE. SUITE A	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1045 Comal Drive
1.4 CITY-ST-ZIP	Corpus Christi, Tx 78407
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

PE
6.17
Dep \$100.00

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 attachment with an address.

SIGNATURE *Sydney Casselman* DATE **4-28-98** **512-299-1730**

CR2E034 (10/97)