

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
CAROL A. MONTGOMERY
Secretary of State
1995

APPROVED
AND
FILED

95 MAY -1 AM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V73555** (7)
1. Corporation Name
MARTIN CASS, CPA, P.A.

Principal Office Address: **440 COLUMBIA DRIVE WEST PALM BEACH FL 33409**
Mailing Address: **440 COLUMBIA DRIVE WEST PALM BEACH FL 33409**

Do Not Write In This Space

2. Principal Office Telephone		2a. Mailing Address		3. Date of Incorporation/Reincorporated	3a. Date of Last Report
21		26		10/21/1992	04/26/1994
22. State of Office		27. Mailing State		4. FCI Number	Applied For / Not Applicable
22		27		65-0362572	
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
24. City		25. State		6. Election Campaign Financing Trust Fund Contribution	
24		25		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has ability to indemnify for other as provided Florida Statutes	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CASS, MARTIN 440 COLUMBIA DRIVE WEST PALM BEACH FL 33409				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 607.011, 607.012 and 607.013, Florida Statutes, the above named corporation certifies the statement for the purpose of a change of its registered office as requested herein is true and correct. The State of Florida has changed its registered office as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. This is for the purpose of accepting the appointment of the above named registered agent.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PD CASS, MARTIN 5713 HIGH FLYER RD, S. PALM BEACH GDNS FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY		3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE	ST CASS, MARTIN 5713 HIGH FLYER RD, S. PALM BEACH GDNS FL	4. NAME	
CITY		5. STREET ADDRESS	
STATE		6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	
STREET ADDRESS		8. STREET ADDRESS	
CITY		9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		10. NAME	
NAME		11. STREET ADDRESS	
STREET ADDRESS		12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		13. NAME	
STATE		14. STREET ADDRESS	
NAME		15. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		16. NAME	
CITY		17. STREET ADDRESS	
STATE		18. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.011(3), Florida Statutes. I further certify that the information submitted is true and correct as required by supplemental annual reports filed and as of the end of the period, signature shall have the same legal effect as if made orally. That I am an officer or director of the corporation or the secretary or treasurer empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE: *Martin Cass*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Martin Cass

(407) 689-7888