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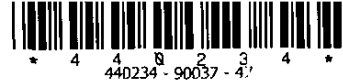
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726388

1. Corporation Name

CASA RIO, INC.



Principal Place of Business 250 ENGLEWOOD ISLES PARKWAY APARTMENT 6 ENGLEWOOD FL 34223	Mailing Address 250 ENGLEWOOD ISLES PARKWAY APARTMENT 6 ENGLEWOOD FL 34223
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 05/11/1973 4. FEI Number 59-2476798 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALTER, CLARENCE
250 ENGLEWOOD ISLES PARKWAY
APARTMENT 6
ENGLEWOOD FL 34223

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE RD NAME RAYCRAFT, RAY STREET ADDRESS 250 ENGLEWOOD ISLES PKWY CITY-ST-ZIP ENGLEWOOD FL	1.1 TITLE PRESIDENT 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE TD NAME WALTER, CLARENCE STREET ADDRESS 250 ENGLEWOOD ISLES PKWY CITY-ST-ZIP ENGLEWOOD FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE RD NAME BUTTOLPH, JOHN STREET ADDRESS 250 ENGLEWOOD ISLES PKWY CITY-ST-ZIP ENGLEWOOD FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE D NAME REHOR, ROLLAND STREET ADDRESS 250 ENGLEWOOD ISLES PKWY CITY-ST-ZIP ENGLEWOOD FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE D NAME LUNDELL, WARREN STREET ADDRESS 1000 MCCALL RD CITY-ST-ZIP ENGLEWOOD FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE HELEN REHOR 6.2 NAME SECRETARY 6.3 STREET ADDRESS 250 ENGLEWOOD ISLES PKWY. 6.4 CITY-ST-ZIP ENGLEWOOD, FL 34223

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CLARENCE P. WALTER
CLARENCE P. WALTER 941-474-6997

CR2E037 (11/98)