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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(2)

DOCUMENT # 420236 (2)  CASON DEVELOPMENT COMPANY								
rincipal Place of Business		Mailing Address			i (Bátt) átáin tiasa baita tahan trait	A EIRI AIAIL AIA	)\$4 <b>6</b> 1011 91011 917	
		400 N ASHLEY AVE						
TE 2300		STE 2300 Tampa Fl 33601				_,		
'ampa fl 336 Js	XUI	US			3. Date Incorporated or Qualified 03/02/1973	1	te of Last Rep <b>6/27/1995</b>	
	15	2a. Mailing Address			4. FEI Number			oplied For
Principal Place of Business		26		59-1448745		No	ot Applicat	
Suite, Apt. #	r, etc.	Suite, Apt. #, etc.	1		5. Certificate of Status Desired		\$8.75	
		27						equired
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zφ	Country	<b>28</b>	Country		8. This corporation has liability fo	r intangible		
24)	25	29	30		Florida Statutes 💹 Ye	es 🔲 No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New	Registered	d Agent	
				Name				
CASON, WARREN M. 400 N ASHLEY		82 Stree		Street Addr	ess (P.O. Box Number is Not Accepta	able)		
			83				-	-
STE 2300 TAMPA FL 33601							05 Zro	Codo
			84	City		FI		Code
	o the provisions of Section: 607.0502 eo agent, or both, in the State of Flor th, and accept the polytopuns of Sect	l l			ation submits this statement for the p rd of directors. I hereby accept the an	urpose of copointment a	hanging its re as registered i	gistered o agent. I an
Pursuant to register familiar will IGNATURE  2.	Signature, typed or printed name of registered argust	l l	es, the above na ed by the corporation of the corpo			DATE	19/96 ND DIRECTOR	RS IN 12
IGNATURE _	Signature, typeoproprinted name of registered a part OFFICERS AN	Warren	M. Casol TE Registered Agent  13.  1 : HTLE		d when ronsharing	DATE	19/96	RS IN 12
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Warren M. Cason

4/19/96

813/227-6668

Daytin e Price #