Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90211 006 ***300.00

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

PROFIT CORPORATION **ANNUAL REPORT**

1999



Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

DOCUMENT # 439223

1. Corporation Name

CASEY I	KEY MARII	NA, INC).																	
Principal Place	ddress									1 131411 116	10 11366 1		81811 B FB11	91911 81	Bir arar: 1601					
VROOM ENTER 482 BLACKBUR OSPREY FL 34	PRISES. INC. IN POINT RD.	482 BLACK	vroom enterprises. Inc. 482 Blackburn Point RD. Osprey Fl 34229						DO NOT WRITE IN THIS SPACE											
											3. Date			or Qualit	fed					
<u> </u>	(D i			2a. Mailing Address						10/3 1/1973 4. FEI Number							Anr	lied For		
2. Principal P	nace of Busine	2a. Walling Address							59-1494658							Applicable				
Suite, Act.	#, etc.	Suite,	Suite, Apt. #, etc.				5. Cer			fcate of Status Desired]	\$8.75 Additional Fee Required					
City & Stat	ie	City & State						6. Election Campaign Fina			Financi	ng _	-1	\$5	5.00 r	/lay Be				
23		28							Trust F und Contribution					Added to Fees						
Zip Cour try			⊢ ` −			Country				8. This corporation owes the current year					year n					
24	25			29 30			,				Persor al Property Tax. 10. Name and Address of New Registere						Yes No			
	9. Name a	nd Add	ess of Curren	Registered A	Agent		941				IO. Nam	and A	ddres	s of Ne	w Regi	istere d	Agent			
VDO	OM, E.						81	Na	me											
	BLACKBURN					Str	eet Ac	dress	(P.O. Bo	» Numi	Number is Not Acceptable))						
OSP	REY FL 342																			
							84	Cit	y -							FL	85	Zip C	ode	
			ctions 607.0502		D Florido Cana.	\	hour			FDOS	tion cubn	i e thic	ctaten	ent for	the nur			inn its r	egistered	
office crr	and harataina	nt or ho	h, in the State of cept the obligat	rf Florida, Sucl	h change was :	authorized	ı bv i	the o	corporal	ition's	board of	clirecto	rs. I he	ereby a	ccept th	ie apro	intment	as reg	stered	
SIGNATURE																DATE				
	Signature, typed o		ne of registered agen			: Registered	Ageni	nt signa	ture requi	ired wh			HANG	ES TO			ND DIR	ECTO	(\$ IN 12	
12.	PST		OFFICERS AN	D DIRECTORS	DELETE	1.1 TI	TIF.				ADDII	IC JNO/C	i inivo	10	01110	10.4	□ Ch		Addition	
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14. 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 recuired 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, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR I RINTED NAME OF SIGNING OFFICE! OR DIRECTOR