

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

**FILED**  
**Jun 09 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 498798 (8)**

1. Corporation Name  
**CASCADES LANES, INC.**



Principal Place of Business 1818 SW 17TH ST OCALA FL 34474 US	Mailing Address 1028 S.E. 14TH TERR. OCALA FL 34471-4520 US
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2. Principal Place of Business <b>21 1028 S.E. 14th Terr.</b>	2a. Mailing Address <b>26</b>	3. Date incorporated or Qualified <b>03/12/1976</b>	3a. Date of Last Report <b>03/28/1996</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>59-1656120</b>	Applied For Not Applicable
City & State <b>23 Ocala, FL</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>24 34471</b>	Country <b>25 U.S.A.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CURRY, LANDIS V. JR.</b> <b>21 N.E. 1ST AVE.</b> <b>OCALA FL 32870</b>		10. Name and Address of New Registered Agent	
<b>B1</b> Name			
<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)			
<b>B3</b>			
<b>B4</b> City	<b>FL</b>	<b>B5</b> Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAWRENCE, KATRENE</b>	1.2 NAME	
STREET ADDRESS	<b>1215 S.E. 22ND AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>AST</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CURTIS, WAYNE C.(ASST)</b>	2.2 NAME	<b>S/T/D</b>
STREET ADDRESS	<b>1028 SE 14TH TERRACE</b>	2.3 STREET ADDRESS	<b>Curtis Wayne C.</b>
CITY-ST-ZIP	<b>OCALA FL</b>	2.4 CITY-ST-ZIP	<b>1028 S.E. 14th Terrace</b>
TITLE	<b>P</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLINS, CHARLES T</b>	3.2 NAME	<b>P/D</b>
STREET ADDRESS	<b>1634 BRUMAN TERRACE</b>	3.3 STREET ADDRESS	<b>Darian Collins Ferguson</b>
CITY-ST-ZIP	<b>MELBOURNE FL</b>	3.4 CITY-ST-ZIP	<b>2919 E. Withlacoochee Trail</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (9/96)

SIGNATURE \_\_\_\_\_ DATE **6/2/97** 352-732-2329