

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 503486 (3)

1. Corporation Name
CURRENT CASUALS, INC.

Principal Place of Business
OAKBROOK SQUARE
NORTH PALM BEACH FL 33408

Mailing Address
11670 US HWY 1
OAKBROOK SQ
NORTH PALM BEACH FL 33408
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country

APPROVED AND FILED
95 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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95 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/18/1976

3a. Date of Last Report
06/14/1994

4. FEI Number
59-1673286

Applied For
Not Applicable

5. Certificate of Status Desired
☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution
☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes
☐ Yes ☒ No

9. Name and Address of Current Registered Agent
RUBIN, EARL
123 HARBOURSIDE CIR.
JUPITER FL 33477

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0503 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 this 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 _____ (Signature of person named in Block 9 as registered agent and also the president) (NOTE: Registered Agent signature required when instituting) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RUBIN, SANDRA JOYCE 123 HARBOURSIDE CIR. JUPITER FL 1704 17th CT Jupiter, FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT RUBIN, EARL 123 HARBOURSIDE CIR. JUPITER FL 1704 17th CT	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUBIN, EARL 123 HARBOURSIDE CIR. JUPITER FL 1704 17th CT	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 liquidator employed 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.

SIGNATURE:  SANDRA RUBIN 7/30 407-622-5654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR