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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

DIVISION OF CORPORATIONS

1996

592998 **DOCUMENT #**

(9)

1. Corporation Name

CASA DEL SPAS, INC.

Principal	Place	of	Business

Mailing Address



7919 NEW YORK AVENUE HUDSON FL 34667			7919 NEW YORK AVENUE HUDSON FL 34667				
					3. Date incorporated or Qualified 11/13/1978	3a. Date of Last Report 11/09/1995	
		2a. Mailing Address	Mailing Address		4. FEI Number	Applied For	
21		26			59-1859746	Not Applicable	
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		Oity & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Ζφ 29	30 Cour	try	This corporation has lability for intangible tax under s 199 032, Florida Statutes		
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New R	egistered Agent	
				B1 Name			
CRUDELE, ROCCO 7919 NEW YORK AVE (HUDSON, FL. 34667)			82 Street Address (P.O. Box Number is Not Acceptable)				
HUDSON FL 34667			i	B3			
				84 City		FL 85 Zip Code	
or registers	ed agent, or both, in the State of FI	orida. Such change was auth	norized by the o	re named corpor orporation's boar	ation submits this statement for the pur rd of directors. I hereby accept the appo	pase of changing its registered office pintment as registered agent. I am	
S.ONIATAIDE	h, and accept the obligations of, Se		utes.				
	Signature Type tor pointed has a of required as			Agend signat ine reduire		DATE	
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change	
TITLE NAME	CRUDELE, ROCCO	☐ DELETE	1. 1 Tu 1.2 NA			Change Accorder	
STREET ADDRESS	7919 NEW YORK AVENUE	:		REET ADDRESS			
C-TY-ST ZiP	HUDSON FL	•		Y-ST-ZIP			
TITLE	STD	DELETE	2 1 11			Change Addition	
NAME	Crudele, Madeline		2.2 NA	ME			
STREET ADDRESS	7919 NEW YORK AVENUE		2351	EET ADDRESS			
CHY-ST-ZIP	HUDSON FL			Y-S'-ZIP			
TITLE		□ DELETE	3 1 Ti			Change Addit on	
NAMÉ			3 2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZP TITLE		DELETE	3 4 CII	Y - ST - ZIP		Change Addition	
NAME			4.2 NA			_ c.m.gomsex.co	
\$18EET ADDRESS				RELI ADORESS			
City-St-ZF			•	Y - ST - ZIP			
TIFLE		DELETE	5 1 TI			Change Addition	
NAME			5 2 NA	ME			
STREET ADDRESS			5 3 SI	REET ADDRESS			
CITY-S1-ZP			5 4 CI	Y · SI · ZIP			
T:TLE		☐ DELETE	6 1 TI	TLE		Change Addition	
NAME			6 2 NA	MÉ			
STREET ADDRESS			6 3 ST	REET ADDRESS			
City-St-7:P			6401	Y - ST - ZIP			

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 119.07(3)(k). Florida Statutos. I further certify that the information indicated on this armost report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 13 if changed, or on an affactment with an address

SIGNATURE: ROCCO R. CRUde le Bocco R. Crudele Que, 8/3-868-956/
SIGNATURE: ROCCO R. CRUde le Bocco R. Crudele Que, 8/3-868-956/
5/10/96

CR2E034 (12/95)