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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(1)

CASCO RACING ENTERPRISES, INC.

FILED
Mar 24 1998 8:00am
Secretary of State



Discipal Place of Dusiness Mailing Address					3 1681/0 8///L Chart oldat dilat oldat dili didil didil didil didil didil didil didil didil		
Principal Place of Business Mailing Address							
427 15TH ST HOLLY HILL FL 32117		427 15TH ST HOLLY HILL FL 32117					
MOLLI MILL PL 32117		HOLLI FILL FL 32117		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 06/27/1979		
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-1959936	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional		
22		27		5. Certificate of Status Desired	Fee Required		
City & State		City & State		6, Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the cu	rreлt year Intangible	
24	25		30		Personal Property Tax due June 30.	Yes No	
	g. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent	
CA	SSATA, ROBERT		8	1 Name			
427 15TH ST				2 Street Add	ress (P.O. Box Number is Not Acceptable)		
НО	LLY HILL FL		"	0110017100	ross (Fig. Box Hamber to Hot Hoodplable)		
110 251 1115 15				3			
			-	4 00		las I 7:- Ondo	
			8	4 City	FL	85 Zip Code	
11, Pursuant t	to the provisions of Sections 607.050	2 and 607 1508, Florida Statutes	s, the abo	ve-named con	poration submits this statement for the purpose of	changing its registered	
office or re	egi ste red agent, or both, in the State m familiar with, and accept the oblig	eof Florida. Such change was at ations of, Section 607,0505. Flor	ithorized t ida Statuti	by the corpora	tion's board of directors. I hereby accept the app	pointment as registered	
	The state of the s						
SIGNATURE	Signature typod or printed name of registered ago	ent and title it applicable. (NOTE:	Registered A	gent signature requi	red when reinstating) DATE	, , , , , , , , , , , , , , , , , , , 	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS ANI		
TITLE	V	☐ DELETE	1.1 TITLE			Change Addition	
NAME	COOK, JACK		1.2 NAME	: 			
STREET ADDRESS	427 15TH ST		1.3 STRE	ET ADORESS			
CITY-ST-ZIP	HOLLY HILL, FL 00000		1.4 CITY	ST-ZIP			
TITLE	STD	DELETE	2.1 TITLE			Change Addition	
NAME	CASSATA, JOYCE		2.2 NAME				
STREET ADDRESS	427 15TH ST		2.3 STREI	ET ADDRESS			
CITY-ST-ZIP	HOLLY HILL, FL 00000		2. 4 CITY	- ST-ZIP	# A		
TITLE	PO	DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME	CASSATA, ROBERT		3.2 NAME			-	
STREET ADDRESS	427 15TH ST		3.3 STREI	ET ADDRESS			
CITY-ST-ZIP	HOLLY HILL, FL 00000		3.4. CITY			İ	
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME			4. 2 NAM	E		l	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZiP			4.4 CITY-	į į			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME		-	5.2 NAME			• -	
STREET ADDRESS				T ADDRESS			
			5.4 CITY-				
CITY-ST-ZIP	-	☐ DELETE	6.1 TITLE	oi-Ar		☐ Change ☐ Addition	
TITLE				,		LI CHANGO LLI NOGINON	
NAME DIRECT ADDRESS			6.2 NAME				
STREET ADDRESS				ET ADDRESS			
City St. 7IP			64 CITY	SI-7P I		1	

14. I hereby certify that the information supplied with this filing does not quality 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 trusted 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.

zlalav