

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 FEB 17 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709674 (6)

1. Corporation Name
CASA GRANDE, INC.

Principal Place of Business: 540 NE 4TH STREET FT. LAUDERDALE FL 33301
Mailing Address: 508 HENDRICKS ISLE FT. LAUDERDALE FL 33301 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1965
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-0638591
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. City & State
22. Zip
23. Country
24. City & State
25. Zip
26. Mailing Address
27. City & State
28. Zip
29. Country
30. City & State

9. Name and Address of Current Registered Agent
FERRIS SR., ROBERT E.
540 N.E. 4TH ST.
FT LAUDERDALE FL 33301

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

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 constituting) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	JESIEK, DONALD
STREET ADDRESS	BOX 7, NA
CITY - ST - ZIP	MACATAWA MI
TITLE	TD
NAME	TEEGARDEN, THEODORE
STREET ADDRESS	983 WIMBLETON DRIVE
CITY - ST - ZIP	BIRMINGHAM, MI 48008
TITLE	SD
NAME	POST, JENNIE R
STREET ADDRESS	3543 GLENN DRIVE SE
CITY - ST - ZIP	GRAND RAPIDS MI
TITLE	DV
NAME	PINKSTON, WYNONA
STREET ADDRESS	508 HENDRICKS ISLE
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	SD
NAME	SKIERSKI, MARY
STREET ADDRESS	508 HENDRICKS ISLE
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald Jesiek*
DONALD JESIEK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/95