

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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F33079 (7)
1. Corporation Name
D C CASEY COMPANY



Principal Place of Business
8333 W MCNAB RD
SUITE 125
TAMARAC FL 33321
US

Mailing Address
8333 W MCNAB RD
SUITE 125
TAMARAC FL 33321
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/01/1981	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2105608	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CASEY, DEWITT C., JR. 8333 W. MCNAB RD SUITE 125 TAMARAC FL 33321				81 Name CASEY, CLINTON M.			
				82 Street Address (P.O. Box Number is Not Acceptable) 777 So. FED HWY.			
				83 R P 503			
				84 City POMPANO BEACH FL			
				85 Zip Code 33062			

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: CLINTON M. CASEY PRES. 1/6/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PST	<input type="checkbox"/> DELETE		1.1 TITLE	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASEY, DEWITT C.			1.2 NAME	CASEY, DEWITT C.		
STREET ADDRESS	3200 PORT ROYALE DR 1806			1.3 STREET ADDRESS	3200 PORT ROYALE DR #1806		
CITY-ST-ZIP	FT LAUDERDALE FL			1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308		
TITLE	VAST	<input type="checkbox"/> DELETE		2.1 TITLE	P D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASEY, CLINTON M.			2.2 NAME	CASEY, CLINTON M.		
STREET ADDRESS	777 S. FEDERAL HWY., R. P. #311			2.3 STREET ADDRESS	777 So. FED HWY, # 503		
CITY-ST-ZIP	POMPANO BCH. FL			2.4 CITY-ST-ZIP	POMPANO Bch FL 33062		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	CASEY, CATHY A.		
STREET ADDRESS				3.3 STREET ADDRESS	2657 LENOX RD # 92		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	ATLANTA GA 30324		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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.

SIGNATURE: CLINTON M. CASEY PRES. 1/6/98

CR2E034 (10/97)