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FILED

Feb 20 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 # F97000000075 (8)

1. Corporation Name

C.A.S.E. MANAGEMENT, INC.



Principal Place of Business

Mailing Address

~~2255 GLADES ROAD, STE 221A~~
BOCA RATON FL 33431

~~2255 GLADES ROAD, STE 221A~~
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1997

4. FEI Number

23-2654879

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 5355 Town Center Rd.

2a. Mailing Address

26 (SAME)

Suite, Apt. #, etc.

22 Suite 702

Suite, Apt. #, etc.

27

City & State

23 Boca Raton, FL

City & State

28

Zip

24 33486

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

LABONTE, JAMES M
2255 GLADES ROAD, STE 221A
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5355 TOWN CENTER ROAD

83

Suite 702

84 City

Boca Raton, FL.

FL

85 Zip Code

33486

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME POB- CEO
STREET ADDRESS LANGE, WILLIAM E
CITY-ST-ZIP 20067 CIPRES WAY
BOCA RATON FL

TITLE ☐ DELETE

NAME CS
STREET ADDRESS LANGE, ANNA B
CITY-ST-ZIP 20067 CIPRES WAY
BOCA RATON FL

TITLE ☐ DELETE

NAME COO
STREET ADDRESS LABONTE, JAMES M
CITY-ST-ZIP 51 CAYUGA RD
FORT LAUDERDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

9536 Fox Trot Lane
Boca Raton, FL. 33496

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

9536 Fox Trot Lane
Boca Raton, FL. 33496

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Anna B. Lange

2-17-98

561-750-4433

CR2E034 (10/97)