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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **F9700000075**1. Corporation Name

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

O.A.S.E. WANACI								
		lailing Address			-\-\-\-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	JOHN MANNA BANKA MBANA -		
Principal Place of Business	•	٠.						
5355 TOWN CENTER RD	·	855 TOWN CENTER RD						
702 BOCA RATON FL 33486		BOCA RATON FL 33486.		DO NOT WRITE IN THIS SPACE				
US		US		3. Date Incorporated or Qu	alifed			
<u> </u>					01/06/1997		Applie	ed For
2. Principal Place of Busine	·-	Mailing Address			4, FEI Number		<u> </u>	pplicable
21	26	0 7- 0-4 # -4-	· .		23-2654879	<del></del>	\$8.75 Add	
Suite, Apt. #, etc.	·	Suite, Apt. #, etc.			5. Certifcate of Status Desi	red 🗌	Fee Requ	
22	27	City & State		·····	6. Election Campaign Fina	ncina —	\$5.00 ма	av Be
City & State	28	1 -			Trust Fund Contribution		Added to I	
Zip	Country	Zip	Country	,	8. This corporation owes th	e current year In	tangible	-
	¬ ' -	1 '	30		Personal Property Tax.	•	☐ Yes ☐	No
	nd Address of Current Regi	<u> </u>			10. Name and Address of	New Registered	Agent	
	The state of the state of		81	Name				}
LABONTE, JAME	S.M.		82	Street Add	ress (P.O. Box Number is Not A	cceptable)		•
5355 TOWN CEN	iter RD					<del>12 1 75 8 3 1 1 6 6 1</del>	NO. 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	<del>2 4 11 136.</del>
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	ons of Sections 607.0502 and ont, or both, in the State of Flor on, and accept the obligations o				poration submits this statement ion's board of directors. I hereby	accept the appo	intment as regis	tered
SIGNATURE						DATE	F	<u> </u>
SIGNATURE Signature, typed o	r printed name of registered agent and titt	te if applicable. (NOTE	Registered Age		ad when reinstating)	DATE	ND DIRECTOR	S IN 12
Signature, typed o	r printed name of registered agent and titl OFFICERS AND DIR	te if applicable. (NOTE	Registered Age		ADDITIONS/CHANGES		ND DIRECTOR	S IN 12
12. TITLE CFO	OFFICERS AND DIR	te if applicable. (NOTE	13.	int signature requir	ad when reinstating).  ADDITIONS/CHANGES			
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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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: