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 # F9700004614 (0)

FILED Feb 06 1998 8:00am Secretary of State

CASS	SERVICES, INC.	,00 1011 (0)							
Principal Plac	e of Business	Mailing Address				1 (00)(00) (1) (0) (1) (0) (1)	ii 68 iii 68 iii 88 i	IA GIBIO BIAGI III	in dia 1681
7500 SUNSHINE SKYWAY LANE. UNIT 105 7500 SUNSHINE SKYWAY ST PETERSBURG FL 33711 ST PETERSBURG FL 33711				JNIT	105	DO NOT WE	RITE IN THIS	SPACE	
						3. Date incorporated or Qualific			
					_	09/02/1997			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Ar	oplied For	
21		26				58-2150784			of Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	Additional equired	
City & Stat	6	City & State				8, Election Campaign Financing			
23		28			Trust Fund Contribution	ÿ 🔲	\$5.00 Added	May Be to Fees	
Zip	Country	Zip	Cou	intry		8, This corporation owes or has	s paid the cu		
24	25	29	30			Personal Property Tax due J	une 30.	Yes [] No
	Name and Address of Curren	Registered Agent		81		10. Name and Address of New	Registered	Agent	
SZYMUZAK, UENNIS					Name				
	00 SUNSHINE SKYWAY LANE, U	NIT 105		82	Street	address (P.O. Box Number is Not Accoptable)			
श	PETERSBURG FL 33711			83					
				84	City		FL	85 Zip i	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statu	tes, the al	hove	-named	corporation submits this statement for the	ne burpose d	f changing it	s registered
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was tions of, Section 607.0505, Fl	authorizei orida Stal	o by Jules	the corp	poration's board of directors. I hereby ac	ccept the app	pointment as	registored
SIGNATURE	Demis R. S.	unte_					1/30/	98	
	Signature, typed or printed harve of registered agric			d Ager	nt signature	required when reinstating)	LIAIE		
12.	OFFICERS AND	DELETE	13.	TI F		ADDITIONS/CHANGES TO OF	FICERS AN	DIRECTOR Change	S IN 12
NAME	SZYMCZAK, DENNIS R	E.J Decere	1.2 NA					C Criange	1,00,000
STREET ADDRESS	7500 SUNSHINE SKYWAY LA	NE. UNIT 105			ADDRESS				19
CITY-ST-ZIP	ST PETERSBURG FL 33711		- 8	TY-S1	- 1				()
TITLE	SD DELETE			Τιξ				Change	Addition
NAME			22 NA	2 2 NAME					Í
STREET ADDRESS	7500 SUNSHINE SKYWAY LA	NE, UNIT 105	2351	REET A	ADDRESS	·			
CITY-ST-ZIP	ST PETERSBURG FL 33711		2 4 C	11Y-S1	1-7(P		:		
TITLE		L] DELETE	3.1 TIT		İ			Change	☐ Addition
NAME			32 NA]				J
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE	3.4. Ct	11Y-\$1	1-21P		<u>-</u>	Change	Addition
NAME .		En Detert	4.1 III		ľ			опанус	
STREET ADDRESS					ADDRESS				ļ
CITY-ST-ZIP			- 6	TY- \$1	í				1
TITLE		DELETE	5.1 111					Change	Addition
NAME			5.2 NA	ME	ł				
STREET ADDRESS			5.3 \$1	REFLA	ADDRESS				ļ
CITY-ST-ZIP			54 CF	TY-ST	- ZIP				
TITLE		DELETE	6.1 TIT	IL F			· -	Change	☐ Addition
NAME			6.2 NA		J				J
STREET ADDRESS			6.3 \$1	REETA	ADDRESS				
CITY-\$1-ZIP	partify that the information available of	h this filling does not exist.	6.4 CI			d in Coation 110 07/2V/1 Florida Cr	0 14 (1) 00	celifica dis en alte	intermetica
indicated	orary mar the information supplied will on this angual report or suppliemental	in this billing does not quality to applied report is true and acc	urato and	nupu diba	on slaioi Emv sibi	d in Section 119.07(3)(i), Florida Statute	a. I juitifier ce	eriny inat the	nousamona as me Lts

indicated on this annual report or supplier ental annual report is free and accurate and that my signature shall have the same legal effect as if made under oalh; 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 orderess.

SIGNATURE:

Danis P. Sa

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813-86 V-9549