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PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H2541(

(2)

CAINE ENTERPRISES, INC.

Mailing Address

FILED May 21 1998 8:00am Secretary of State



| 625 E. KEY A EUSTIS FL 32 | | 625 E. KEY AVE. Eustis Fl 327 2 6 | | | | DO NOT WRITE IN THIS S | PACE | |
|--|---|--|---------------------------------------|----------------------|------------------|--|---------------|--------------------------|
| | | | | | | 3. Date Incorporated or Qualified 10/12/1984 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | 2a. Mailing Address | | | 4, FEI Number | | Applied For |
| 21 | | 26 | <u> </u> | | | 59-2605382 | | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | 5 Additional Required |
| City & State |) | City & State | | | | 6. Election Campaign Financing | \$5.0 | O May Be |
| 23 | | 28 | 28 | | | Trust Fund Contribution | | d to Fees |
| Zip | Country | Zip | Cou | ntry | | 8. This corporation owes or has paid the curre | | ` |
| 24 | 25 | 29 | 30 | | | | Yes | ∐ No |
| 9. Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registered A | gent | |
| CAINE, THEODORE | | | | 81 | Name | | | 1 |
| | 5 E, KEY AVE. STI S FL 32726 | | ľ | 82 | Street Ac | ddress (P.O. Box Number is Not Acceptable) | | |
| LO | 5119 1 C 32720 | | ŀ | 83 | | | | |
| | | | | 84 | City | | 85 Z | p 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | |
| SIGNATURE | | | | | | | | |
| | Signature, typed or printed name of e | egistered agent and title if applicable (NO: CERS AND DIRECTORS | If Registered | Ager | it signature rec | ADDITIONS/CHANGES TO OFFICERS AND | DIRECT | OBS IN 12 |
| 12. | V | DELETE | 1.1]] | LE. | | | Chang | |
| NAME | CAINE, THEODORE | | 1.2 NA | | | • | | |
| STREET ADDRESS | 625 E. KEY AVE. | • | | | ADDRESS | | | |
| CITY-ST-ZIP | ALATIA EL | | | | 1 - 7 1P | | | ľ |
| TITLE | P DELETE 2:11 | | | | | | Chang | e 🔲 Addition |
| NAME | MEYER, LINDA ANN | | | 2.2 NAME | | | | |
| STREET ADDRESS | 625 E. KEY AVE | | | 2.3 STREET ADDRESS | | | | ĺ |
| CITY-ST-ZIP | THAT IS TO SELECT THE | | | 2. 4 CITY-ST-ZIP | | | | |
| TITLE | 8T □ DELETE 3 | | | 3 1 1ITLE | | | Chang | e 🔲 Addition |
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| STREET ADDRESS | | | | 3 3 STREET AODRESS | | | | 1 |
| CITY-ST-ZIP | | | | 3.4. CITY - ST - ZIP | | | | |
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| NAME | | | 4. 2 N/ | | | | | |
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| NAME DEDECT ADDRESS | | | 5.2 NA | | AODOCCO | | | l |
| STREET ADDRESS | | | | | ADDRESS | | | |
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| NAME expert approve | | | 1 | | VUUDEcc | | | l |
| STREET ADDRESS | | | 6.3 STREET ADDRESS 6.4 City-St-Zip | | | | | |
| CITY-ST-ZIF | | | ■ 0.4 UII | 1-51 | · ZIP | in Castian 440 07/0V/). Florida Ctatutos, Ligarbay par | 1.E. 15 - 1 - | la a la facas ati a a |

I. 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 is 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.