

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

002757

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90089 003 \*\*\*150.00

DOCUMENT # **H86991**

1. Corporation Name  
**CACISA, INC.**

Principal Place of Business

**6105 ORANGE HILL CT  
ORLANDO FL 32819  
US**

Mailing Address

**6105 ORANGE HILL CT  
ORLANDO FL 32819  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/08/1985**

4. FEI Number

**59-2609240**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21 1282 John Anderson**

Suite, Apt. #, etc.

**22 Ormond Bch FL**

**24 32176 25 USA**

2a. Mailing Address

**26 1282 John Anderson**

Suite, Apt. #, etc.

**27 Ormond Beach FL**

**29 32176 30 USA**

9. Name and Address of Current Registered Agent

**VAN HOUTEN, MICHAEL  
114 SOUTH PALMETTO  
DAYTONA BCH FL 32076**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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	PD	<input type="checkbox"/> DELETE
NAME	FISHER, CARROLL L. III	
STREET ADDRESS	6105 ORANGE HILL CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	SHATTUCK, CORAL ELLEN	
STREET ADDRESS	6105 ORANGE HILL CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHATTUCK, CORAL ELLEN	
STREET ADDRESS	6105 ORANGE HILL CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FISHER, CARROLL L. III	
1.3 STREET ADDRESS	1282 John Anderson Drive	
1.4 CITY-ST-ZIP	Ormond Beach FL 32176	
2.1 TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Shattuck Coral Ellen	
2.3 STREET ADDRESS	1282 John Anderson Drive	
2.4 CITY-ST-ZIP	Ormond Beach FL 32176	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHATTUCK, CORAL ELLEN	
3.3 STREET ADDRESS	1282 John Anderson Drive	
3.4 CITY-ST-ZIP	Ormond Bch FL 32176	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)