

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED

DOCUMENT # J29767 (7)

1. Corporation Name

CASA BORINO, INC.

95 MAY -1 AM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5267 MINTO ROAD
BOYNTON BEACH FL 33437

Mailing Address

5267 MINTO ROAD
BOYNTON BEACH FL 33437

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified	3a. Date of Last Report
08/20/1986	05/01/1994
4. FEI Number	Applied For Not Applicable
59-2717444	
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 has liability for intangible tax under S. 199 (237, Florida Statutes)	☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

BORINO, JOSEPH A.
5267 MINTO ROAD
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name	85 Zip/City
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84	

11. Pursuant to the provisions of Sections 607.01(2)(g) and 607.15(9)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office (changing its principal place of business in the State of Florida). Such change was authorized by the corporation's board of directors, thereby bringing the appointment of registered agent in compliance with and subject to the provisions of Sections 607.01(2)(g) and 607.15(9)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME DP BORINO, JOSEPH A. 5267 MINTO ROAD BOYNTON BEACH FL	1. NAME 2. STREET ADDRESS 3. CITY/STATE/ZIP [] Change [] Addition
NAME STREET ADDRESS CITY/STATE/ZIP	4. NAME 5. STREET ADDRESS 6. CITY/STATE/ZIP [] Change [] Addition
NAME STREET ADDRESS CITY/STATE/ZIP	7. NAME 8. STREET ADDRESS 9. CITY/STATE/ZIP [] Change [] Addition
NAME STREET ADDRESS CITY/STATE/ZIP	10. NAME 11. STREET ADDRESS 12. CITY/STATE/ZIP [] Change [] Addition
NAME STREET ADDRESS CITY/STATE/ZIP	13. NAME 14. STREET ADDRESS 15. CITY/STATE/ZIP [] Change [] Addition
NAME STREET ADDRESS CITY/STATE/ZIP	16. NAME 17. STREET ADDRESS 18. CITY/STATE/ZIP [] Change [] Addition
NAME STREET ADDRESS CITY/STATE/ZIP	19. NAME 20. STREET ADDRESS 21. CITY/STATE/ZIP [] Change [] Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199 (237, 308), Florida Statutes. I further certify that this information is included in the annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as it may have with respect to the filing of this report as required by Chapters 607, Florida Statutes, and that my name appears in Block 12 of this filing as having been or as an officer named with an address.

SIGNATURE: *Joseph Borino* JOSEPH BORINO PRESIDENT 4-24-95 407-287-7162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR