

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J84491

(6)

1. Corporation Name

J.C. CASSIN ENTERPRISES, INC.

**APPROVED
AND
FILED**

95 MAY -1 AM 8:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**3335 TYRINGHAM DR.
W. PALM BEACH FL 33406**

**3335 TYRINGHAM DR.
W. PALM BEACH FL 33406**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1987

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

4. FEI Number

59-2829553

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S 199.032,

Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASSIN, JERROLD C.
3335 TYRINGHAM DR.
W. PALM BEACH FL 33406**

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

Jerrold C. Cassin

4-25-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

**D
CASSIN, JERROLD C.
3335 TYRINGHAM DR.
W. PALM BEACH FL**

15 TITLE
16 NAME
17 STREET ADDRESS
18 CITY, ST, ZIP

☐ Change ☐ Addition

19 TITLE
20 NAME
21 STREET ADDRESS
22 CITY, ST, ZIP

**D
CASSIN, MARILYN J.
3335 TYRINGHAM DR.
W. PALM BEACH FL**

23 TITLE
24 NAME
25 STREET ADDRESS
26 CITY, ST, ZIP

☐ Change ☐ Addition

27 TITLE
28 NAME
29 STREET ADDRESS
30 CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

35 TITLE
36 NAME
37 STREET ADDRESS
38 CITY, ST, ZIP

39 TITLE
40 NAME
41 STREET ADDRESS
42 CITY, ST, ZIP

☐ Change ☐ Addition

43 TITLE
44 NAME
45 STREET ADDRESS
46 CITY, ST, ZIP

47 TITLE
48 NAME
49 STREET ADDRESS
50 CITY, ST, ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

55 TITLE
56 NAME
57 STREET ADDRESS
58 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information contained 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 as an attachment with an address.

SIGNATURE:

Jerrold C. Cassin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 (407) 964-1699