

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K28274** (4)

1. Corporation Name  
**CASI - LIMITED, INC.**



Principal Place of Business: 160 SW 12TH AVENUE SUITE 106 DEERFIELD BEACH FL 33442 US  
Mailing Address: 160 SW 12TH AVENUE SUITE 106 DEERFIELD BEACH FL 33442 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for additional offices.

3. Date Incorporated or Qualified: 07/13/1988  
3a. Date of Last Report: 07/17/1995  
4. FEI Number: 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 has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: MOUSER, FREDERICK L. 810 63RD AVE ST. PETERSBURG FL 33702  
10. Name and Address of New Registered Agent (81-85) fields.

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	160 SW 12TH AVE.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	DEERFIELD BEACH FL	1.4 CITY-STATE-ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 119.07(3)(k), 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.

SIGNATURE: *Samuel Kendes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 5, 1996  
DATE

CR2E034 (12/95)