


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

**FILED**  
**May 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K57938 (8)**  
 1. Corporation Name  
**C.A.S. ENTERPRISES OF KISSIMMEE, INC.**



Principal Place of Business <b>C/O C. ALLEN SMITH                  912 NORTH MAIN ST.                  KISSIMMEE FL 34744-4568</b>	Mailing Address <b>C/O C. ALLEN SMITH                  912 NORTH MAIN ST.                  KISSIMMEE FL 34744-4568</b>
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3. Date Incorporated or Qualified <b>01/09/1989</b>	3a. Date of Last Report <b>08/12/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29	4. FEI Number <b>59-3114061</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SMITH, C. ALLEN                  912 NORTH MAIN STREET                  KISSIMMEE FL 32741</b>		10. Name and Address of New Registered Agent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DV</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, CALDWELL A.</b>	1.2 NAME	
STREET ADDRESS	<b>1436 CARDINAL ROAD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DP</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, ALLEN C.</b>	2.2 NAME	<b>C.P.</b>
STREET ADDRESS	<b>1436 CARDINAL ROAD</b>	2.3 STREET ADDRESS	<b>C. ALLEN SMITH</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>	2.4 CITY - ST - ZIP	<b>1436 CARDINAL ROAD</b>
TITLE	<b>DST</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, MURIEL G.</b>	3.2 NAME	
STREET ADDRESS	<b>1436 CARDINAL ROAD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>DV</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>ANITA V. SMITH</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>2306 INDIAN MOUND TRAIL</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: C. Allen Smith **C. ALLEN SMITH** Date: **4/30/97** Daytime Phone: **407 846-2606**

CR2E034 (9/96)