

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

PROFIT CORPORATION ANNUAL REPORT <b>1998</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.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>C/O C. ALLEN SMITH 912 NORTH MAIN ST. KISSIMMEE FL 34744-4566</b>	Mailing Address <b>C/O C. ALLEN SMITH 912 NORTH MAIN ST. KISSIMMEE FL 34744-4566</b>
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3. Date Incorporated or Qualified  
**01/09/1989**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	24 Country	25 Country	29 Country	30 Country
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4. FEI Number  
**59-3114061** 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 or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**SMITH, C. ALLEN  
912 NORTH MAIN STREET  
KISSIMMEE FL 32741**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	SMITH, ANITA V	
STREET ADDRESS	2306 INDIAN MOUND TRAIL	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, C. A	
STREET ADDRESS	1436 CARDINAL ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	SMITH, MURIEL G.	
STREET ADDRESS	1436 CARDINAL ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME	<i>C. ALLEN SMITH</i>	
STREET ADDRESS	<i>912 N MAIN ST</i>	
CITY-ST-ZIP	<i>KISSIMMEE, FL 34744</i>	
TITLE	C.P.	<input type="checkbox"/> DELETE
NAME	SMITH, C. ALLEN	
STREET ADDRESS	912 N MAIN ST	
CITY-ST-ZIP	KISSIMMEE, FL 34744	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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.

SIGNATURE: *C. Allen Smith* **4/21/98 407 846-2604**

CFR2E034 (10/97)