

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K62024
1. Corporation Name

CASA DEVELOPMENT OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
P. O. Box 811893 Boca Raton, FL 33481-1893	P. O. Box 811893 Boca Raton, FL 33481-1893

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		2a Suite, Apt. #, etc.		1/25/89	1994
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		65-0104308	Not Applicable
24 Country		30 Country		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				10. Name and Address of New Registered Agent			
Paul W. Levine 19727 Oakbrook Circle Boca Raton, FL 33434				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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: Paul W. Levine (NOTE: Registered Agent signature required if an incumbent) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D/P/T/S	11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Paul W. Levine	12 NAME					
STREET ADDRESS	19727 Oakbrook Circle	13 STREET ADDRESS					
CITY-ST-ZIP	Boca Raton, FL 33434	14 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE		21 TITLE					
NAME		22 NAME					
STREET ADDRESS		23 STREET ADDRESS					
CITY-ST-ZIP		24 CITY-ST-ZIP					
TITLE		31 TITLE					
NAME		32 NAME					
STREET ADDRESS		33 STREET ADDRESS					
CITY-ST-ZIP		34 CITY-ST-ZIP					
TITLE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		42 NAME					
STREET ADDRESS		43 STREET ADDRESS					
CITY-ST-ZIP		44 CITY-ST-ZIP					
TITLE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		52 NAME					
STREET ADDRESS		53 STREET ADDRESS					
CITY-ST-ZIP		54 CITY-ST-ZIP					
TITLE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		62 NAME					
STREET ADDRESS		63 STREET ADDRESS					
CITY-ST-ZIP		64 CITY-ST-ZIP					

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****200.00 ****200.00

REMITTED BY MAY 1
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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(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: Paul W. Levine (Signature and Typed or Printed Name of Signing Officer or Director) DATE: 5/8/95 (Date) 407-483-9942 (Telephone #)

Paul W. Levine, President