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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

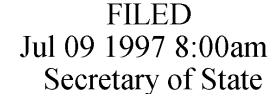
DOCUMENT # K71970

(3)

CASSELBERRY GARDENS, INC.

<b>Principal</b>	Place	of	Busir	eser

Maiting Address





80 TRIPLET LAKE <b>DR</b> IVE CASSELBERRY FL <b>\$27</b> 07					P.O. BOX 1 CASSELBERRY FL 32718																			
											-	3. Date Incorporated or Qualified 03/10/1989				ed	3a. D	ate of 01/1		leport				
2.	Principal Place of Business				2	a. Mai	ling Address	3					4. FEI									opled For		
21			26	26						5	9-054	1685						N	ot Applicab	ie				
22	Suite, Apt. #, etc.				27	Suite, Apt #, etc.							5. Certificate of Status Desired \$8.75 A Fee Rec							1				
23	City & Stat	ate				City	& State		•				6. Elec Trus	ction C st Fund		-		g		\$5.00 May Be Added to Fees				
24	Zip		25	Country	29	Zip		30	Country	у		8. This corporation has liability for intangible tax onder s. 199.0 Florida Statutes Yes Yes								. 199.032,				
		9, Name	and	Address of Cu	rrent Reg	lsterec	Agent					·	10. Na	me and	Addr	ess 0	f Nev	v Reg	stered	Agen	1		$\Box$	
	CAS	SELBERRY	', JOI	IN N					81		Name												- 1	
80 TRIPLET LAKE DRIVE CASSELBERRY FL 32707							82		Street A	ddress	s (P.O. I	Box Nu	mber i	s Not	Acce	ptable	e)							
							83	1																
									84		City								FL	85	Zip	Code	$\dashv$	
11.	office or r	egistered ac	ent, c	of Sections 607 or both, in the S id accept the c	state of Fig	rida. Si	uch change	was auth	orized b	v t	named o	corpora oration	ation sul 's board	bmits to d of dir	nis stal ectors.	l her	it for t eby a	he pu	rpose of the ap	of char pointn	nging i nent as	ts registere registered	d	
SIC	SNATURE																							
		Signature, typed	l or print	ed name of registere		<u>-</u>		(NOTE: Fir	gistered Ag	ent	signature r	equired w							DATE				_	
12		NATA .		OFFICERS	AND DIR	ECTOF	RS DELET		13.		—-		ADD	ITIONS	CHAN	IGES	100	FFICE	RS AN			RS IN 12	_	
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NAA	-	Dete					`	2.2 NAME											<b>.</b> ,	mango		" }		
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	-ST-ZIP	<b>'</b>							2. 4 CITY-ST-ZIP															
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	(-ST-Z)P	-	-	nformation our					64 CITY -	ST-			Ozation		7/91/3									

4. 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.

0101115

STOMONTURE BEOURFE

6/30/cm 1-4-0-521-2227