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

**PROFIT CORPORATION ANNUAL REPORT** 

DOCUMENT # 1, Corporation Name



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

(8)

PRIVATE CASE MANAGEMENT, INC.

**FILED** Apr 28 1998 8:00am Secretary of State



Principal Plac	a of Rusinacs	Mailing Address				00): 0:0:10 4:0:1 0:0): 0:0): 0:0): 0:0): 0:0): 1:0	
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### ##################################			<del>-PO-BOX-X760</del> MELBOURNE FL 32902-0760				
US		US			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 06/01/1989	3	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 2229	29 S. Babcock St. 26 PO Box 760		0		59-2957123	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes or has		
24	25	29	30		Personal Property Tax due Jui		
g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
Frese, gary				Name T. v	nne Thompson		
930 \$. HARBOR CITY BLVD.			l la	32 Street Add	Street Address (P.O. Box Number is Not Acceptable)		
MELBOURNE FL 32901				529 E. New Haven Ave.			
			1	33			
			ļ.	34 City		85 Zip Code	
			-	∫ M∈	elbourne	FL   32901	
11. Pursuant to the previsions 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 Morida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am laphilial witty and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Jun Ry	tien	L	ynne Tho	ompson, Esquire	April 3, 1998	
40	Signature, typed or printed name of registered inju OFFICERS AN			Agent signature requ	ired when reinstating)	DATE	
12. TITLE	PT / OFFICERS AN	DELETE	13.	<del> </del>	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12  Change Addition	
NAME	WHITLEY, BARBARA R.	[ ] otter				Change C Addition	
-	2229 S BABOCK ST		1.2 NAM				
STREET ADDRESS	MELBOURNE FL			EET ADDRESS			
CITY-ST-ZIP TITLE	VP	DELETE		- ST - ZIP		☐ Change ☐ Addition	
NAME	WHITLEY, CHARLES		2.1 TITU	1			
	2229 S BABOCCK ST		2.2 NAM	- 1			
STREET ADDRESS	MELBOURNE FL			ET ADDRESS			
CITY-ST-ZIP	RECOORINE FL	DELETE		Y-ST-ZIP		Change Addition	
TITLE NAME	WHITLEY, JULIE		3 1 TITL			Change Addition	
	6410 BROWNELL ST.		3.2 NAN				
STREET ADDRESS	ORLANDO FL 32810			EET ADDRESS		ŀ	
CITY-ST-ZIP TITLE	OREARDO LE SEGIO	DELETE		r-S1-ZIP	<del></del>	Change Addition	
NAME		C) betale	4.1 T(TL)				
			4. 2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE		- ST- ZIP		Change Addition	
		- Dettelk	5.1 TITE			CT OF SERVICE TO WOOM	
NAME CTOTET ADDOCCO			5.2 NAM	1			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		DELETE		-\$1-ZIP		Change Addition	
TITLE		☐ ntreit	6.1 TITLI			Change Addition	
NAME			6.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	_		6.4 CITY	- S1 - ZIP			

14. Thereby 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.