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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham "

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # L57829 1. Corporation Name FLORIDA CASEWORK, INC.

(8)

## **FILED** May 20 1997 8:00am Secretary of State



Principal Plac 1551 SOUTH 3 HOLLYWOOD F		1551 8	Mailing Address 1551 SOUTH 30TH AVE. HOLLYWOOD FL 33020-5637				- 1000000000000000000000000000000000000			
:	_			:			3. Date Incorporated or Qualified 03/16/1990		ate of Last 15/1996	Report
<u> </u>	Place of Business	1	iling Address				4. FEI Number 59-3001652		P	Applied For
Sulte, Apt.	#, etc.	<b>26</b> ] Sui	ile, Apt. #, etc.	· · ·						Not Applicable Additional
22		27		:			5. Certificate of Status Desired			Required
City & Stat	θ		y & State				6. Election Campaign Financing		,	May Be
Zip	Country	<b>28</b> Zip		Cou	eles		Trust Fund Contribution	ل_ا		to Fees
24	25		29 30				8. This corporation has liability for injungible tax under s. 199.032,  Florida Statutes   ✓ Yes □ No			
-	9, Name and Address of Curre			<u>ao</u> 1⊹-1			10. Name and Address of New Re			
DES	MARAIS, YVES			:	81	Name				
1551	1 SOUTH 30 AVENUE				82	Street Addre	oss (P.O. Box Number is Not Acceptab	lo)		
HOL	LYWOOD FL 33020			; [			- The state of the			
					83					
					84	Cily		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1	508, Florida Statuto	s, the at	 9V00	named corpo	oration submits this statement for the pon's board of directors. I hereby accept		f changing	its registered
office or r agent 1 a	registered agont, or both, in the Stat im familiar with, and(accept the oblig	e of Florida S gations of, Se	Buch change was a ction 607.0505, Flo	uthorized rida Stati	d by utes	the corporation	on's board of directors. I hereby accep	t the app	oinlment a	s registered
SIGNATURE										
10	Signature, typed or printed hance of registered at OFFICERS At				Age	nt signature require	od when reinstaling)	DATE	DIDECTO	DC IN 40
12.	I P	AD DIRECTO	DELETE	13. 1.11()			ADDITIONS/CHANGES TO OFFIC	EHS ANL	Change	
NAME	DESMARAIS, YVES		t	1.2 NA					C_ Orange	[ ] Mealingit
STREET ADDRESS	1551 S 30TH AVE		•			ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL			1.4 GH		·				
TITLE			DELETE	2.1 111	II E				Change	☐ Addilion
NAME	DESMARAIS, GILLES	_		2.2 NA	ME					
STREET ADDRESS	3709 S. LONGYELLOW CIRCL	-E		23 \$1	ACE !	ADDRESS .				
CITY-ST-ZIP	HOLLYWOOD FL		·····	2.401		1 - ZIP				·
TITLE	S INC		DLLETE	317]]					Change	Addition
NAME	DESMARAIS, LVC 6545 WOODGATE CIRCLE			3 2 NA						
STREET ADDRESS	SUNRISE FL					ADDRESS				
CITY-ST-ZIP	- VOIMINGE   L		DETETE	3 4. ¢I		1-711			Change	Addition
TITLE			E) MILL	4.1 Tļī 4.2 N					∟ change	LI AQUIION
NAME Street address				4.2 N/		AODRESS				
						i				
CITY-ST-ZIP			DELLIE	4.4 C(1 5.1 T()		1 · £R'			Change	Addition
NAME				5.2 NA					2.10.180	L. INDUIDIT
STREET ADDRESS				1		ADURLSS				
DITY-S1-ZIP				5400		- 1				
TITLE			DELETE	6.1 Tr					Change	Addition
.Name				6.2 NA	M:				-	
STREET ADDRESS				6.3 S1)	REFT	ADDRESS				
CITY-ST-ZIP				6 4 CI	Y-S1	1 - 71P				
14 Lido horel	by certify that the information supplied	od with this fil	ing done not qualify	for the	020	motion etatod	in Section 119 07/3/it Florida Statulos	Lfurtho	contifu tha	t 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.