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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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FILED Mar 11 1997 8:00am Secretary of State

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OCUMENT orporation Name	#	L68560

Y.T. CASEY AND ASSOCIATES, INC.

Principal Place of Business 2660 HOLLYWOOD BLVD HALLANDALE FL 33020			Mailing Address 2880 HOLLYWOOD BLVD HALLANDALE FL 33020-4807								
							 Date Incorporated or Qualified 04/24/1990 		ite of Last F 15/1996	Report	
2. Principal P	lace of Business	2a. 1	Mailing Address				4. FEI Number 65-0186840	• • • • •		pplied For ot Applicable	
Suite, Apt 22		27	Suite, Apt #, etc.				5. Certificate of Status Desired		·	Additional equired	
City & Stati		26	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Ζφ [a]	Country 25	29	Zip	Cour	itry	,	8. This corporation has liability for in	- ~ -	tax under s	s. 199.032,	
24	9. Name and Address of Curre		red Agent	30		 	10. Name and Address of New Re				
2660	PENTHAL, ROBERT J. D HOLLYWOOD BLVD LYWOOD FL 33020		•		32 33		BERT JAY ROSEWHA dress (P.O. Box Namber is Not Acceptab	4L S	. T.	ON	
					34	City		FL	1 ()	Code	
SIGNATURE	Signal middle Control of the	Don	(NC	OTE: Registered			orporation submits this statement for the pration's board of directors. If hereby acceptions are reinstalling.	DATE			
12.	OFFICERS A	ND DIRECT	ORS DELETE	13.	_	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC				
THLE NAME SIBSELLADDRESS GHY- ST- 24F	ROSENTHAL, ROBERT J. 2660 HOLLYWOOD BLVD HOLLYWOOD FL		F"") DETEIE	1.1 JITL 1.2 NAM 1.3 STR 1.4 CIT'	AE Eet.		ROBERT SAY ROSEMH.		MChange MSOA	Addition	
HILE	DS		DELETE	2.1 TITL					Change	Addition	
NAME	ROSENTHAL, CHARLES E			2.2 NAA	Æ						
STREET ADORESS	2660 HOLLYWOOD BLVD			2.3 STR	EET.	ADDRESS					
CITY-ST-ZIF	HOLLYWOOD FL		Clocutte	2. 4 CIT		ST-ZIP			0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
THLE NAME			DELETE	3.1 TITL 3.2 NAA					L] Change	Addition	
STREET ADDRESS						ADDRESS					
COY-ST-ZIF				3.4. CIT							
TITLE			DELETE	4.1 TiTL			-		☐ Change	Addition	
NAME				4. 2 NA	ME						
STREET ADDRESS				4.3 STR	EET.	ADDRESS					
CHY-ST-20				4.4 CIT	/ - S1	T-ZIP					
TOLE			☐ DELETE	5.1 T(T)		-			☐ Change	Addition	
NAME				5.2 NAA		1					
STREET ACORESS						ADDRESS					
CITY ST-ZIP			Driver	5.4 CITY	_	T-ZIP			0	Auge.	
TITLE			☐ DELETE	6.1 TITE			·		Change	Addition	
NAME				6.2 NAN							
STREET ADORESS						ADDRESS					
Offy-ST-7P				6.4 CITY	· S1	T-ZIP					

14. Let be reby 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 attach floor with an address.

SIGNATURE:

954-987-4500