## FILE NOW: FILING FEE AFTER MAY 1 IS \$55000

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT - STATE

Sandra B. Mortum

Secretary of Sta

DIVISION OF CORPORTIONS

1997

DOCUMENT # L95495

(2)

FILED
May 12 1997 8:00am
Secretary of State

MIDSTATE ASSOCIATES, INC.		<del>7.</del> 4				
Frincipal Place of Business Mailing Address  343 KANTOR BLVD. CASSELBERRY FL 32707-5760 CASSELBERRY FL 32707-5760			T (MET) OU SER 10401 OHUS OVER 19181 OH	is Bligis Affice Affice acord	Atāti Binji 1901	
			·	3. Date Incorporated or Qualified 08/21/1990	3a. Date of La 05/01/19	
2. Principal Place of Business	2a. Mailing Address			4., FEI Number		Applied For
21	26	····		59-3029297		Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State	City & State	<del></del>		6. Election Campaign Financing	\$5.	00 May Be
<b>23</b> Zip Country	Zip	T	in the same of the	Trust Fund Contribution		led to Fees
24 25 25	29	30	ntry	8. This corporation has liability for Florida Statutes	intangible tax und ☐ Yes ☐ No	er s. 199.032,
9. Name and Address of Current		190		10. Name and Address of New Re		
CASSICK, DENNIS W.			81 Name			
343 KANTOR BLVD.			00 0 1011	ess (P.O. Box Number is Not Accepta	bla)	<u> </u>
CASSELBERRY FL 32707			82 Street Addre	ass (P.O. Box Number is Not Accepta	Die)	
\$1,00 <b>2333</b> 1,000,000			83		<del></del>	
			84 City		85	Zip Code
			[ ]		FLI	
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of Signature Standard Stand		authoriza orida Sta			pt the appointmen	t as registered
12. OFFICERS AND		13.	Agent signature require	ADDITIONS/CHANGES TO OFFI		TORS IN 12
THE DPT	DELETE	1.1	LE		☐ Cha	
NAME CASSICK, DENINIS W.		1.2	ME		a a Maria	12
STRLET ADDRESS 343 KANTOR BLVD.		1.3	HEET ADDRESS		100	١
C-TY-ST-ZIP CASSELBERRY FL		1.4	Y-SY-ZIP		No. of the last of	
TITLE	☐ DELETE	2.1	L <b>E</b>		Cha	nge 🔲 Addition 🕻
NAMÉ		2.2	ME		•	l l
STREET ADDRESS		2.3	REET ADDRESS			
CPY - S1 - ZP	DELETE	2.4 31	TY-ST-ZIP		Cha	nge Addition
NAME	La Decert	1 1	i E			Age Addition
STREET ADDRESS		32	l			
CITY ST-ZIP		3.3	EET ADDRESS Y-ST-ZIP			-
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NAME		4.	ME			
STREET ADDRESS		4.3	HEET ADDRESS			Ì
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101.6	☐ DELETE	5.1	1£E		Cha	nge Addition
NAME		5.21	AME .			
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CHY: \$1 7-2			ITY-ST-ZIP			
TITLE	DELETE	6.13			L Cha	ange L. Addition
NAME			AME			-
STREET ADDRESS		626	TREET ADDRESS			i
City - S1 - ZiP			TY-ST-ZIP			

4. I do hereby certify that the information supplied with finis filing closes not qualify for the exemption stated in Section 119.0/[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.

SIGNATURE: Dennis Dicaste LI 5/199URED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF DIRECTOR

1/1280