FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M18580** **(4)**

1. Corporate Name

CASSANDRA, INC.

Principal Office Address

5030 CHAMPION BLVD
6261
BOCA RATON FL 33496
US

Mailing Address

5030 CHAMPION BLVD.
6261
BOCA RATON FL 33496
US

2. Street Address (P.O. Box Number is Not Acceptable)
21
Suite/Apt. #
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite/Apt. #
27
City & State
28
Zip
29
County
30

3. Date Incorporated or Qualified: **07/29/1985**

3a. Date of Last Report: **06/14/1995**

4. FEI Number: **59-2567239**
Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This Corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BROOKS, NICHOLAS
5030 CHAMPION BLVD.
#6261
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, 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 Florida. The statement was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

Signature

12. OFFICERS AND DIRECTORS

PSD
BROOKS, NICHOLAS
5030 CHAMPION BLVD., #6261
BOCA RATON FL

☐ DELETE
☐ DELETE
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☐ DELETE
☐ DELETE
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 above, or on an attached schedule with my signature.

SIGNATURE: 1/17/96 PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TITLE

CR2E034 (12/95)