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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M29037 1. Corporation Name

Principal Place of Business

CASE TECHNOLOGIES CORPORATION

5951 BAYVIEW DRIVE #209 FT. LAUDERDALE FL 33308-2739		195 CHADWICK RD TEANECK NJ 07665-4205 US				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 03/18/1986				
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		App	lied For	
21	•••	26				22-3424088		Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired 🗹 .	\$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country 25	Zip 29 3	— · — —			8. This corporation owes the current year Intangible Personal Property Tax. Yes No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent			
			8	1	Name					
	iterton, adriane Bayveiw drive		82 5			t Address (P.O. Box Number is Not Acceptable)				
#209			8	3		·			}	
FT. L	AUDERDALE FL 33308		8	4	City	FL	85	Zip C	ode	
11. Pursuant to the provisions 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 Florida. Such change 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	Signature, typed or printed name of registered agen	nt and title if applicable (NOTE: I	Registered Ag	jent s	signature require	ed when reinstating) DATE				
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN				
TITLE	D	☐ DELETE		1.1 TITLE			c	hange	Addition	
NAME	CHATTERTON, ADRIANE		1.2 NAME	1.2 NAME						
STREET ADDRESS	195 CHADWICK RD		1.3 STRE	1.3 STREET ADDRESS						
CITY-ST-ZIP	TEANECK NJ 07666		1.4 CITY-	1.4 CITY-ST-ZIP						
TITLE	P DELETE		2.1 TITLE	2.1 TITLE			□ c	hange	☐ Addition	
NAME	CHATTERTON, ALICIA		22 NAME	22 NAME						
STREET ADDRESS	195 CHADWICK RD.		2.3 STRE	2.3 STREET ADDRESS					ļ	
CITY-ST-ZIP	TEANECK NJ 07666		2. 4 CITY	2. 4 CITY-ST-ZIP						
TITLE	C DELETE		3.1 TITLE	3.1 TITLE			□с	hange	☐ Addition	
NAME	CHATTERTON, KEITH		3.2 NAME							
STREET ADDRESS	195 CHADWICK RD.		3.3 STREET ADDRESS		DORESS	<u>.</u>				
CITY-ST-ZIP	TEANECK NJ 07666		3.4. CITY	3.4. CITY+ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE	Ē			□c	hange	Addition	
NAME			4. 2 NAM	Œ					İ	
STREET ADDRÉSS			4.3 STRE	ETA	ADDRESS					
CITY-ST-ZIP			4.4 CITY	4.4 CITY-ST-ZIP						
TITLE	☐ DELETE 5.1		5.1 TITLE	5.1 TITLE			Пc	hange	Addition	
NAME			5.2 NAMI	E					1	
STREET ADDRESS			5.3 STRE	ETA	ADDRESS	•			}	
C/TY+ST-Z/P			5.4 CITY	-ST-	ZiP					
TITLE		☐ DELETE	6.1 TITLE					hange	☐ Addition	
NAME į			6.2 NAME	Ε						
STREET ADDRESS			6.3 STREE							
					1					

14. I hereby 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, with all other like empowered.

FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90247 026 ***158.75