

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 # P12468 (5)

1. Corporation Name
CASA BUILDING, INC.



Principal Place of Business: **516 PATRICIA AVE DUNEDIN FL 34698**
Mailing Address: **516 PATRICIA AVE DUNEDIN FL 34698**

3. Date Incorporated or Qualified: **12/11/1986**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **38-2719617**
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **KELLER, BONNIE A 1297 RANCHWOOD DR DUNEDIN FL 34698**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: COLUCCI, SAM C. STREET ADDRESS: 218 MIDWAY ISLAND CITY-ST-ZIP: CLEARWATER FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP	NAME: KELLER, BONNIE A STREET ADDRESS: 1297 RANCHWOOD DR CITY-ST-ZIP: DUNEDIN FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST	NAME: PINTA, EUNICE P STREET ADDRESS: 1816 DRIFTWOOD CIR. N. CITY-ST-ZIP: OLDSMAR FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Bonnie Keller* **BONNIE KELLER** 3-1-96 (813) 731-1300

CR2E084 (12/95)