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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State. DIVISION OF CORPORATIONS

## DOCUMENT # P9300007027 1. Corporation Name

CASPY'S, INC.

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90021 049 \*\*\*150.00

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Principal Place of Business	Mailing Address			The state of the s	ĝίχ	4
6365 BAHIA DEL MAR BOULEVARD 6365 BAHIA DEL MAR BOULEVARD					1944	
#215J #215J St. Petersburg Fl. St. Petersburg Fl			DO NOT WRITE IN TH	HIS SPACE		
31. FETENSBURG FE	OI. PETENODURO	J FL		3. Date Incorporated or Qualifed	NO OF AUL	
				01/28/1993	<del></del>	
2. Principal Place of Business	2a. Mailing Add	ress		4. FEI Number	<u> </u>	oplied For
21	26			59-3160101	<del></del>	ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #	t, etc.		5. Certificate of Status Desired		Additional equired
City & State	City & State	1		6. Election Campaign Financing  Trust Fund Contribution		May Be to Fees
Zip Country	Zip	Cou	ntry	8. This corporation owes the current year	Intangible	
24 25	29	30		Personal Property Tax.	Yes	□No
9. Name and Address of Cur	rrent Registered Agent			10. Name and Address of New Register	ed Agent	
			81 Name			
INGALLS, CESTER W			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
3495 5TH AVE. N.			02 Sileet Aut	Jiess (F.O. Dox Number is Not Acceptable)		
ST. PETERSBURG FL 33713		ļ	83			
			-			Codo
			84 City	F	85   Zip (	Code
11. Pursuant to the provisions of Sections 607.	0502 and 607.1508. Flor	ida Statutes, the al	bove-named cor	poration submits this statement for the purpose	of changing its	registered
office or registered agent, or both, in the Sta	ate of Florida. Such char	nge was authorized	I by the corporat	tion's board of directors. I hereby accept the ap	pointment as re	gistered
agent. I am familiar with, and accept the ob	ingations of, Section 607.	vovo, rivrida Statt	nes.			
SIGNATURE Signature, typed or printed name of registered	agent and title if applicable	(NOTE: Registered	Agent signature requir	red when reinstating) DATE		
Signatura, dyboo or printed mante of togistered	-a a una see a applicace.	,				
12. OFFICERS		13.	<u> </u>		AND DIRECTO	ORS IN 12
TILE D OFFICERS	AND DIRECTORS	13. PELETE 1.1 TIT		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
mle D	AND DIRECTORS		T.E			
TITLE D NAME MARRAN, VIVIENNE	AND DIRECTORS	1.1 TIT 1.2 NA	TLE WIE			
TITLE D MARRAN, VIVIENNE STREET ADDRESS 6365 BAHIA DEL MAR BLVD	AND DIRECTORS  D.,#215J	PELETE 1.1 TΠ 1.2 NA 1.3 ST	TLE ME REET ADDRESS			
MARRAN, VIVIENNE STREET ADDRESS CITY-ST-ZIP  D MARRAN, VIVIENNE 6365 BAHIA DEL MAR BLVD ST. PETERSBURG FL 33715	AND DIRECTORS  D.,#215J	1.1 TIT 12 NA 1.3 ST 1.4 CR	TLE MME REET ADDRESS TY-ST-ZIP		☐ Change	☐ Addition
TITLE D MARRAN, VIVIENNE STREET ADDRESS GITY-ST-ZIP ST. PETERSBURG FL 33715	AND DIRECTORS  D.,#215J	1.1 TIT 1.2 NA 1.3 ST 1.4 CT 2.1 TIT 2	TLE  ME  REET ADORESS  TY-ST-ZIP  TLE			☐ Addition
MARRAN, VIVIENNE STREET ADDRESS CITY-ST-ZIP TITLE NAME  D MARRAN, VIVIENNE 6365 BAHIA DEL MAR BLVD ST. PETERSBURG FL 33715	AND DIRECTORS  D.,#215J	1.1 TIT 1.2 NA 1.3 ST 1.4 CT 2.1 TIT 2.2 NA	TLE MME REET ADORESS TY-ST-ZIP TLE		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  D MARRAN, VIVIENNE 6365 BAHIA DEL MAR BLVD ST. PETERSBURG FL 33715	AND DIRECTORS  D.,#215J	1.1 TT 12 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.3 ST	TLE MME REET ADDRESS ITY- ST-ZIP TLE MME REET ADDRESS		☐ Change	☐ Addition
MARRAN, VIVIENNE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  TOTAL  D MARRAN, VIVIENNE 6365 BAHIA DEL MAR BLVD ST. PETERSBURG FL 33715	O.,#215J	1.1 TIT 1.2 NA 1.3 ST 1.4 CT 2.1 TIT 2.2 NA 2.3 ST 2.4 CT	TLE  MME  REET ADDRESS  IY-ST-ZIP  TLE  MME  REET ADDRESS  ITY-ST-ZIP		☐ Change	☐ Addition
MARRAN, VIVIENNE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE TABLE TABL	O.,#215J	1.1 TTT 12 NA 1.3 ST 1.4 CTT 2.1 TTT 2.2 NA 2.3 ST 2.4 CT	TLE  MME  REET ADDRESS  IY-ST-ZIP  TLE  MME  REET ADDRESS  ITY-ST-ZIP  LE		☐ Change	☐ Addition
MARRAN, VIVIENNE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	O.,#215J	1.1 TT 12 NA 1.3 ST 1.4 CT 2.1 TR 2.2 NA 2.3 ST 2.4 CT 3.1 TT 3.2 NA	TLE  ME  REET ADDRESS  TY-ST-ZIP  TLE  ME  REET ADDRESS  TY-ST-ZIP  TLE  ME  REET ADDRESS  TY-ST-ZIP  LE  MME		☐ Change	☐ Addition
MARRAN, VIVIENNE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE TABLE TABL	O.,#215J	1.1 TT 12 NA 1.3 ST 1.4 CT 2.1 TR 2.2 NA 2.3 ST 2.4 CT 3.1 TT 3.2 NA	TLE  MME  REET ADDRESS  IY-ST-ZIP  TLE  MME  REET ADDRESS  ITY-ST-ZIP  LE		☐ Change	☐ Addition
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MARRAN, VIVIENNE STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	AND DIRECTORS  D.,#215J  C.	1.1 TIT 1.2 NA 1.3 ST 1.4 CCT 2.1 TIT 2.2 NA 2.3 ST 2.4 CCT 3.1 TIT 3.2 NA 3.3 ST 3.4 CCT 4.1 TIT 4.2 NA	TLE  MME  REET ADDRESS  TY-ST-ZIP  TLE  MME  REET ADDRESS  TY-ST-ZIP  LE  MME  REET ADDRESS  TY-ST-ZIP  TLE  MME  REET ADDRESS  TY-ST-ZIP		☐ Change	☐ Addition ☐ Addition ☐ Addition
MARRAN, VIVIENNE STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	AND DIRECTORS  D.,#215J  C.	#ELETE 1.1 TIT 1.2 NA 1.3 ST 1.4 CT    PELETE 2.1 TIT   2.2 NA 2.3 ST   2.4 CT   3.1 TIT   3.2 NA   3.3 ST   3.4 CT   4.1 TIT   4.2 NA   4.3 ST   4.3 ST	TLE  MME  REET ADDRESS  TY-ST-ZIP  FLE  MME  REET ADDRESS  TY-ST-ZIP  LE  MME  REET ADDRESS  TY-ST-ZIP  LE  MME  REET ADDRESS  TY-ST-ZIP  LE  AME		☐ Change	☐ Addition ☐ Addition ☐ Addition
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MARRAN, VIVIENNE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	AND DIRECTORS  D.,#215J  C.	#ELETE 1.1 TIT 12 NA 1.3 ST 1.4 CT    ### CONTROL	TLE  MME  REET ADDRESS  TY-ST-ZIP  TLE  MME  REET ADDRESS  TY-ST-ZIP  LE  AME  REET ADDRESS  TY-ST-ZIP  LE		☐ Change ☐ Change ☐ Change	Addition Addition Addition
MARRAN, VIVIENNE STREET ADDRESS CITY-ST-ZIP TITLE NAME	AND DIRECTORS  D.,#215J  C.	ELETE	TLE  MME  REET ADDRESS  TY-ST-ZIP  TLE  MME  REET ADDRESS  TY-ST-ZIP  LE  AME  REET ADDRESS  TY-ST-ZIP  LE		☐ Change ☐ Change ☐ Change	Addition Addition Addition
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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 adacting of the corporation of the corporation of the corporation of 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 adacting of the corporation of the corporatio

RECVIVIENNE

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP