FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:59

DOCUMENT # **P93000012376 (8)**

1. Corporation Name
FLORIDA CASE MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
~~1314 LAFAYETTE ST~~ ~~STE D~~ ~~CAPE CORAL FL 33904~~ ~~US~~	~~1314 LAFAYETTE STE~~ ~~STE D~~ ~~CAPE CORAL FL 33904~~ ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/10/1993
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business
21: 4637 Vincennes Blvd.
22 Suite, Apt. #, etc.: Suite 6
23 City & State: Cape Coral, Fl.
24 Zip: 33904
25 Country: Lee

2a. Mailing Address
26: P.O. Box 637
27 Suite, Apt. #, etc.:
28 City & State: Cape Coral, Fl
29 Zip: 33910
30 Country: Lee

4. FEI Number: 65-0390592 ☐ 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

STRASSER, DAVID
~~1314 LAFAYETTE ST~~
~~STE D~~
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 4637 Vincennes Blvd. #6
83:
84 City: Cape Coral FL 85 Zip Code: 33904

11. Pursuant to the provisions of Section 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: David F. Strasser — DAVID F. STRASSER — 4/3/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	1.1 TITLE	D/P/S	☑ Change ☐ Addition
NAME	STRASSER, DAVID	1.2 NAME	STRASSER, DAVID F	
STREET ADDRESS	1314 LAFAYETTE ST STE D	1.3 STREET ADDRESS	4637 VINCENNES BLVD #6	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	Cape Coral, Fl. 33904	
TITLE	VT	2.1 TITLE	D/V/T	☑ Change ☐ Addition
NAME	STRASSER, JANICE A	2.2 NAME	STRASSER, JANICE A	
STREET ADDRESS	1314 LAFAYETTE ST STE D	2.3 STREET ADDRESS	4637 VINCENNES BLVD. SUITE 6	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	Cape Coral, Fl. 33904	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Janice A. Strasser — 4/3/95 — 813-542-4588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JANICE A. STRASSER