

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 # P93000012376 (8)

1. Corporation Name

FLORIDA CASE MANAGEMENT SERVICES, INC.



Principal Place of Business

4637 VINCENNES BLVD
SUITE 6
CAPE CORAL FL 33904
US

Mailing Address

P O BOX 637
STE D
CAPE CORAL FL 33910
US

3. Date Incorporated or Qualified
02/10/1993

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21 3222 E. Anglers Stream
Suite, Apt. #, etc.

26 P.O. Box 4136
Suite, Apt. #, etc.

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

22 City & State
23 AVON PARK, Florida

27 City & State
28 Sebring, Florida

24 33825
25 Highlands

29 33871-4136
30 Highlands

9. Name and Address of Current Registered Agent

STRASSER, DAVID
4637 VINCENNES BLVD
SUITE 6
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3222 E. Anglers Stream

83

84 City

AVON PARK

FL

85 Zip Code
33825

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
STRASSER, DAVID
4637 VINCENNES BLVD., #6
CAPE CORAL FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
STRASSER, JANICE A
4637 VINCENNES BLVD., SUITE 6
CAPE CORAL FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
DPS
STRASSER, DAVID
3222 E. Anglers Stream
AVON PARK, Florida 33825
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
DVT
STRASSER, JANICE A.
3222 E. Anglers Stream
AVON PARK, Florida 33825
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96

941-386-5379

Date Daytime Phone #

CR2E034 (12/95)