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

**PROFIT** CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000014103 (4) **DOCUMENT #** 

CASEY CANTONE, INC.

Mar 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 7221-VENETIAN-OT PO BOX 5304 HOLLYWOOD FL 33083-5304 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/17/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For S630 GRANT ST, 65-0391760 Not Applicable Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CANTONE, CASEY 7221 VENETIAN ST Street Address (P.O. Box Number is Not Acceptable) 5630 GRANT ST. #5 MIRAMAR FL 99023 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Bignature, typed or ponted name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE CANTONE, CASEY NAME 1.2 NAME 5630 GRANT ST. 7221 VENETIAN ST-45 STREET ADDRESS 1.3 STREET ADDRESS MIRAMAR FL 83023 HOLLY WOOD, Ft 33021 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CANTONE, CASEY NAME 2.2 NAME 7221-VENETIAN ST-#5 STREET ADDRESS 23 STREET ADDRESS 5630 GRANT ST. MIRAMAR FL 02023 CITY-ST-ZIP 2 4 CITY-ST-ZIP NOLLYWOOD, FL 3302 DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$1-ZIP 34. CITY-ST-ZIP DELETE Change 4.1 TITLE Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY- \$1-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME 53 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 anomal 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on appulaching the interest of the corporation of the receiver of the second to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on appulaching the second to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on appulaching the second that my name appears in the second to the second the second trust of the

**SIGNATURE:**