## PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

**FILED** 

Jun 04 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

CITY-ST-ZIP

P93000024147 (9)

CAS MORTGAGE CONSULTING, INC.

Principal Plans of Parisons					— <del> </del>	
Principal Place of Business Mailing Address						
7485 SWALLOW RUN P. O. BOX 4865						
	RK FL 32792	WINTER PARK FL 327	93			
US		US			3. Date incorporated or Qualified	3a. Date of Last Report
					03/29/1993	07/20/1997
2 Principal Pla	ace of Business	2s. Mailing Address			4. FEI Number	Applied For
- 0/		<del></del>				
		26			59-3174227	Not Applicable
Suite, Apt. 4	♥, B{C.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City, & State		City & State	· · ·· · · · · · · ·		6. Election Campaign Financing	
23 Orlando, FC 28					Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country		<del></del>	
24 328	25 25 00 US	29	30		8. This corporation has liability for in Florida Statutes Yes	F
24 3000	9. Name and Address of Current		[30]		10. Name and Address of New R	
	9, Name and Address of Content	Hedistelen Wallt	B1	Name	10, Name and Address of New H	agistered vierit
			""	Name		
STANFORD, CHARLOTTE			82	Street Addr	ress (P.O. Box Number is Not Acceptable	(6)
7465 SWALLOW RUN					-41 Courtyard Lar	•
VANTER	r park fl 32792		83		• •	
						- I I
			84	City Or	-lando	FL   85   Zip Code 25
11. Pursuant to	o the provisions of Sections 607,0502 a	and 607.1508, Florida Statutes	s, the above-n	amed corpor	ration submits this statement for the purp	oose of changing its registered office
or registere familiar witi	ed a <b>ge</b> nt, or both, in the State of Florida h, and accept the obligations of, Sectio	i. Such change was authorized n 607 0505. Florida Statutes	d by the corpo	oration's boar	rd of directors. I hereby accept the appoint	intment as registered agent. I am
	in and accept the congutions on cocke	rroor.cooo, rionaa otalalee.				
SIGNATURE _	Signature, typed or printed name of registered agent ar	no title if applicable. :NOTE	E: Registered Agen	t signature recuire	id when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	
TITLE	Ď	[ ] DELETE	1. 1 TITLE	0		Change Addition
NAME	STANFORD, CHARLOTTE	_	1.2 NAME	ζį	conford, Charlotte 51-41 Courtyard Lane	<i>r</i> · · · –
					EI-HI CAUNTYARD Lane	) _
STREET ADDRESS	7465 SWALLOW RUN		1.3 STREET	ADDRESS 7	J. 1 ( ) ( ) ( ) ( ) ( ) ( )	.—
CITY-ST-ZIP	WINTER PARK FL	C OFFICE	1.4 CITY-S	T-ZIP C	orlando, 12 32825	
TITLE	TS	☐ DELETE	2. 1 TITLE		-S	Change 🔲 Addition
NAME	ODEGAARD, DAVID		2.2 NAMÉ	0	degaard, David	,
STREET ADDRESS	7465 SWALLOW RUN		2.3 STREET	ADDRESS 9.	degaard, David 51-41 courtyard lan	د
CITY - ST - ZIP	WINTER PARK FL		2.4 CITY-S	r zip	orlando, FL 32825	_
TITLE		☐ DELETE	3. 1 TITLE	1		Change Addition
NAME			3.2 NAME	j		•
STREET ADDRESS			3.3. STREET	ADDRESS		
CITY-ST-ZIP			3.4 CITY - \$1			
TITLE		↑ DELETE	4. 1 TITLE	- 40		Change Addition
NAME		<u> </u>	4.2 NAME			_ susayou
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP		M ne. ere	4.4 CITY - \$1	r- ZIP	<del></del>	
TITLE		☐ DELETE	5. 1 TITLE		30000253	Change
NAME			5.2 NAME		-96/09/98010	
STREET ADDRESS			5.3 STREET	ADDRESS		11008%
CITY - ST - ZIP			54 CITY-ST	- ZIP	***150.00	
TITLE		DELETE	6. 1 TITLE			Change Addition
NAME			5.2 NAME			/1 ~~
STREET ADDRESS	4		5 3 STREET	ADDRESS	•	$\mathcal{O}(1) \setminus \mathcal{O}(2)$
1						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is volontarily 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 africal 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 instead encountering the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or instead encountering the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or instead 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 africal statutes. I further certify that the information indicated on this africal statutes. I further certify that the information indicated on this africal statutes. I further certify that the information indicated on this africal statutes. I further certify that the information indicated on this africal statutes. I further certify that the information indicated on this africal statutes. I further certify that the information indicated on this africal statutes. I further certify that the information indicated on this africal statutes. I further certify that the information indicated on this africal statutes. I further certify that the information indicated on this africal statutes. I further certification indicated on this africal statutes in the information indicated on this africal statutes. I further certification indicated on the information indicated on this africal statutes. I further certification indicated on the information indicated