

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P93000039305 (6)**

1. Corporation Name  
**CAS-MOR, INC.**



Principal Place of Business: **12710 SE 81ST. COURTET BELLEVIEW FL 34420**  
Mailing Address: **P.O. BOX 969 SUMMERFIELD FL 34492**

3. Date Incorporated or Qualified: **06/03/1993**  
3a. Date of Last Report: **09/21/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 <b>2210 S.E. 150th St.</b>	26 <b>2210 S.E. 150th St.</b>	<b>59-3252109</b>	<input type="checkbox"/>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23 <b>Summerfield, Fla. 34491</b>	28 <b>Summerfield, Fla. 34491</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 <b>34491</b>	25 <b>U.S.A.</b>	29 <b>34491</b>	30 <b>U.S.A.</b>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**MERRILL, BARBARA W SR  
12710 S.E. 81ST. COURT  
BELLEVIEW FL 34420**

81 Name: **Brenda Brock**  
82 Street Address (P.O. Box Number is Not Acceptable): **2210 S.E. 150th St.**  
83  
84 City: **Summerfield** FL 85 Zip Code: **34491**

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: *John W Moore Sr* (NOTE: Registered Agent signature required when resigning) *Brenda Brock* DATE: **2-1-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	NAME: <b>MOORE, JOHN W SR.</b>	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>2174 SE 150TH ST</b>	CITY-ST-ZIP: <b>SUMMERFIELD FL 34491</b>	1.2 NAME:	
		1.3 STREET ADDRESS: <b>2210 S.E. 150th St.</b>	
		1.4 CITY-ST-ZIP: <b>Summerfield, Fla. 34491</b>	
TITLE: <b>VPD</b>	NAME: <b>MOORE, CORA</b>	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>2174 SE 150TH ST</b>	CITY-ST-ZIP: <b>SUMMERFIELD FL 32691</b>	2.2 NAME: <b>Bertha M. Blakey</b>	
		2.3 STREET ADDRESS: <b>4869 S.E. 146th Ln.</b>	
		2.4 CITY-ST-ZIP: <b>Summerfield, Fla. 34491</b>	
TITLE: <b>ST</b>	NAME: <b>MERRILL, BARBARA A</b>	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>12710 SE 81ST. COURT</b>	CITY-ST-ZIP: <b>BELLEVIEW FL 34420</b>	3.2 NAME: <b>Brenda R. Brock</b>	
		3.3 STREET ADDRESS: <b>2210 S.E. 150th St.</b>	
		3.4 CITY-ST-ZIP: <b>Summerfield, Fla. 34491</b>	
TITLE:	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME: <b>900001741529</b>	
		5.3 STREET ADDRESS: <b>-03/13/96--01054--025</b>	
		5.4 CITY-ST-ZIP: <b>***200.00</b>	
TITLE:	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
		6.3 STREET ADDRESS:	
		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)(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: *John W Moore Sr*

February 1, 1996

CR2E034 (12/95)

*PA 3-13-96*