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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 27 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P93000039305 (6)

CAS-MOR, INC.

UNOTV	TON: INC							
Principal Place of Business			Mailing /	Mailing Address				T TORKINGO THE INION WITH SOUTH BOTH BOTH STAR WITH THE WITH BOTH SINK 1804
2210 SE 150TH STREET			2210 SE	2210 SE 150TH STREET				
SUMMERFIE				SUMMERFIELD FL 34491				
i								DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
2 Principal	Place of Busi	nace	2a Mailie	a Addrosa	· ·			06/03/1993
2. Principal Place of Business			h	2a. Mailing Address				4. FEI Number Applied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.				59-3252109   Not Applicable
22			<del></del>	27				5. Certificate of Status Desired   \$8.75 Additional Fee Required
City & State				City & State				
23			— ·	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip		Country	Zip					8. This corporation owes or has paid the current year Intangible
24		25	29		30			Personal Property Tax due June 30. Yes No
	9. Name	and Address of Curre	nt Registered	Agent				10. Name and Address of New Registered Agent
BF	ROCK, BREI	NDA				81	Name	
	10 SE 1501					82	Street Add	dress (P.O. Box Number is Not Acceptable)
SU	<b>JMME</b> RFIEL	D FL 34491					Olicol Mad	oross (1.0. Dox 140mber is 140t Acceptable)
						83		
						64	City	<b>■. 85</b> Zip Code
						l i	•	<b>FL</b>   <sup></sup>   '
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the						bove	e-named cor	rporation submits this statement for the purpose of changing its registered
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, lypno	for printed name of registered as				d Age	nt signature requ	uired when reinstating) DATE
12.	PD	OFFICERS AF	ND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	,	IOUN W OD		☐ DELETE	1.1 30		1	☐ Change ☐ Addition
MOORE, JOHN W SR. street address 2210 S.E. 150TH ST.				1.2 NAME				·
							ADDRESS	
CITY-ST-ZIP	\$UMMERFIELD FL 34491 VPD			DELETE		1.4 CITY-ST-ZIP		
TITLE	BLAKEY, BERTHA M					2.1 TITLE		L Change L Addition
NAME OTREET ADDRESS		, berina m E 146TH LN.			22 N/			:
STREET ADDRESS	1				1		ADDRESS	
CITY-ST-ZIP TITLE	OUMME	RFIELD FL 34491		DELETE	2.4C		T-ZIP	
NAME	BDOOK BDENDA D					-		☐ Change ☐ Addition
-	BROCK, BRENDA R ss 2210 S.E. 150TH ST.			3.2 N				
STREET ADDRESS	SUMMERFIELD FL 34491						ADDRESS	
CITY-ST-ZIP TITLE	OUMME	NEILU FL 34491	·	DELETE	3.4. C		T-ZIP	
					4.1 111			Change Addition
NAME CTOTET ADDDESS					4. 2 N			
STREET ADDRESS							ADDRESS	,
CITY-ST-ZIP TITLE	<del></del>			DELETE	4.4 C(		- ZIP	Chance III Addition
NAME	[				5.1 TIT			☐ Change ☐ Addition
	]				5.2 NA		4DDDCCC	
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP TITLE	<del></del>		·	DELETE	5.4 CIT		- ZIP	Obacca T 4340-
NAME				- orreit	6.1 TIT			Change Addition
STREET ADDRESS					6.2 NA		ADDOCCC	
CITY-ST-ZIP							ADDRESS	
MILLOI-TIL					6.4 CIT	1-51	- LIP	

14. I hereby 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 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 recoiver 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.

CIONATURE. BA. H. on Ala her