

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # P93000070171 (2)

1. Corporation Name

CASALI ENTERPRISES, INC.

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9000 W SHERIDAN ST
STE 147
PEMBROKE PINES FL 33024
US

Mailing Address

9000 W SHERIDAN ST
STE 147
PEMBROKE PINES FL 33024
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/04/1993

3a. Date of Last Report

06/21/1994

4. FEI Number

65-0450329

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. 189.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

ADAMS, ROY F S

9000 W SHERIDAN ST

STE 147

PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name Roy F. Adams Sr.

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

9000 West Sheridan St #170

83

84 City Pembroke Pines FL 85 Zip Code 33024

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

Roy F. Adams Sr.

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

1-9-95

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PTD	CASALI, PRIMO S	6813 SW 40TH ST	MIRAMAR FL
VSD	CASALI, MELINDA E	6813 SW 40TH ST	MIRAMAR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	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 provided 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 resolver 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, in an attachment with an address.

SIGNATURE:

Primo S. Casali
PRIMO S. CASALI

Date

Expiration Date

4/15/95 305 962-2127