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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

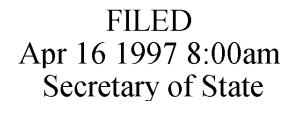
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000073705 (4)

KASKEY & KASKEY, INC.

Principal Place of Business Mailing Address
2937 BUTLER BAY DRIVE. NORTH
WINDERMERE FL 34788 WINDERMERE FL 34786-6113





2937 BUTLER BAY DRIVE. NORTH WINDERMERE FL 34788			2937 BUTLER BAY DRIVE. NORTH WINDERMERE FL 34786-6113					
						Date Incorporated or Qualified     10/25/1993	3a. Date of Last 07/05/1996	Report
2. Principal Pi	ace of Business	2a. Mailing Ad	2a. Mailing Address			4. FEI Number		Applied For
21		26	26			59-3229257	1	Not Applicable
Suite, Apt	#, etc.	Suite, Apt.	Suite, Apt. #, etc			E. Castilianta of Ctatus Denised	F7 \$8. <b>7</b> 5	Additional
22		27	27			5. Certificate of Status Desired	Fee F	Required
City & State	)	City & Stat	e			6. Election Campaign Financing	\$5.00	<b>0</b> May Be
23		28	28			Trust Fund Contribution Added to Fees		
Zip	Country Zip Co		Country	or this comporation that habitity for interigues tax or act is recise		s. 199.032,		
24	25 29 30				Florida Statutes			
	9. Name and Address of Curr	ent Registered Agen	t		,	10. Name and Address of New Re	gistered Agent	
KAS	KEY, CONSTANCE B			81	Name			
	BUTLER BAY DRIVE NORTH			82	Street Ad	dress (P.O. Box Number is Not Acceptat	ole)	
WING	DERMERE FL 34786							
				83				
				84	City		85 Z <sub>1</sub>	Code
					ļ <u>.</u>		FL   1	
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, typed or printed name of regists in diagrap and other impole able (NODE: Degistered Agent signature required when remalating)  DATE  OATE								
12.		A) DIRECTORS		13.	er, signature rec	ADDITIONS/CHANGES TO OFFIC		DRS IN 12
TITLE	P			1.1 10 LE		7,5511010,07,7110,2510 01710	Change	
NAME	KASKEY, TIM W			1.2 NAME				
STREET ADDRESS	2937 BUTLER BAY DRIVE, N	IORTH	i	1.3 S16ELT	VD/UPLEC			[
1	WINDERMERE FL 34786	•••••		1.4 COY - S				إ
CITY+ST-ZIP TITLE	D			2 1 THLE	11-211		Change	Addition C
NAME	KASKEY, CONSTANCE B			2.2 NAME				
STREET ADDRESS	2937 BUTLER BAY DRIVE, N	IORTH		2.3 STREET	AD DECCE			
l .	WINDERMERE FL 34786			2 4 CITY-!				
CITY-ST-ZIP TITLE		··		3.1 MILE	51-20		Change	Addition
NAME		_		3.2 NAME				
STREET ADDRESS				3.3 S18EE1	ADDRESS			
CITY-ST-ZIP				3.4 C(1Y+)	·			
TITLE		··		4.1 T(1) f	31-211		Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDDECC			
l - I				4.4 CHY - S				
CITY-ST-ZIP TITLE		Π	· ; · · · · · · · · · · · · · · · · · ·	<u>9.4 6111 - 3</u> 5.1 10116	1-4"		Change	Addition
				5.2 NAME				
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STREET ADDRESS				5.3 STREET				
CITY-ST-ZIP				5.4 CHY - S 6.1 Trile	01-211		☐ Change	Addition
		ليا					ondingo	
NAME				6.2 NAME	10000000			
STREET ADDRESS				63 STHEET				
CITY-ST-ZIP			: الم الم المساسس	6.4 CITY - S	1 ZIP	1 0 1 40 07/0/C 11 1 0 0 1 1		

I do 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 proof 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 turned compowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapted, or on an alternative with an address.