FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000079862 (7)**

1. Corporation Name

CASE MASTERS, INC.

Principal Place of Business	Mailing Address
2121 RIDGE BROOK TRAIL DULUTH GA 30136	2121 RIDGE BROOK TRAIL DULUTH GA 30136

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/18/1993

3a. Date of Last Report: 03/18/1994

2. Principal Place of Business	2a. Mailing Address
21 3257 Pomarine LN	26 3257 Pomarine LN
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Norcross GA	28 City & State: Norcross GA
24 Zip: 30092 25 Country: Gwinnett	29 Zip: 30092 30 Country: Gwinnett

4. FEI Number: 58-2078851 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOROUGHS GRIMM BENNETT & MORLAN P.A. 201 E. PINE ST. SUITE 500 ORLANDO FL 32801	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revocation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☑ Change ☐ Addition
NAME	SPECTOR, JEFFREY M	12 NAME		
STREET ADDRESS	2121 RIDGE BROOK TRAIL	13 STREET ADDRESS	3257 POMARINE LN	
CITY-ST-ZIP	DULUTH GA	14 CITY-ST-ZIP	NORCROSS GA 30092	
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	HALL, J. KEITH	22 NAME		
STREET ADDRESS	6818 GLENRIDGE DR NE UNIT G	23 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	24 CITY-ST-ZIP		
TITLE	T	31 TITLE		☑ Change ☐ Addition
NAME	OLSON, KAREN	32 NAME	SPECTOR, KAREN	
STREET ADDRESS	2121 RIDGE BROOK TRAIL	33 STREET ADDRESS	3257 POMARINE LN	
CITY-ST-ZIP	DULUTH GA	34 CITY-ST-ZIP	NORCROSS GA 30092	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 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: Karen A. Spector KAREN A. SPECTOR 4/25/95 404 741 3361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300031 FP