ANNUAL	RATION		FLORIDA DEPART Sandra B Secretary DIVISION OF CO	Mortham of State	•		
OCUME Corporation Nan	ENT #	P93000	0087499 (8)			
CASA AL	LANTE COTT	AGE, INC.					
rincipal Place of Business Mailing Address 1435 S ROOSEVELT BLVD 1435 S ROOSEVELT BLVD KEY WEST FL 33040 LEG WEST FL 33040							
US			U\$		 Date Incorporated or Qualified 12/22/1993 	3a. Date	of Last Report)1/24/1995
Principa! Place	of Business		2a. Mailing Address		4. FEI Number 65-0459686	<u>.</u>	Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State			City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Ζφ	Cour 25	ntry	Zip	Gountry	8. This corporation has liability for Florida Statutes Yes	s ∐No	
1	9. Name and Add	dress of Current l		81 Name	10. Name and Address of New I	Registered	Agent
		ATION SERVICE	ES, INC.	82 Street Add	Iress (P.O. Bo⊀ Number is Not Accepta	ble)	
1201 HA TALLAHA	AYS ST. ASSEE FL 32301 the provisions of Se	ections 607,0502 a	and 607, 1508, Florida Statute	82 Street Add 83 84 City es, the above named corporation's box		FL	and its registered of
1201 HA TALLAHA 11. Pursuant to to or registered familiar with,	the provisions of St agent or both, in , and accept the ob	ections 607.0502 at the State of Florida oligations of, Sectio	and 607 1508, Florida Statute n Such change was authorize n 607 0505, Florida Statutes	82 Street Add 83 84 City es, the above named corporation's bos	oration submits this statement for the plant of directors. I hereby accept the ap	FL urpose of chappointment as	anging its registered of a registered agent. I am
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ATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

STREET ADDRESS

14. If 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 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 certify that I am an office or office for 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. 305-293-0702 SG- L1-12-96

CR2E034 (12/95)