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 # **P9400004304** (9)

CASABLANCA CONSULTING, INC.

Principal Place of Business Mailing Address					J WOULD WORLD BLOOD BLIEF DOUGH OLD LANDE	
6279 SUN BLVD. SUITE 802H ST. PETERSBURG FL 33715		6278 SUN BLVD. SUITE 202H ST. PETERSBURG FL 33715-3317				
					3. Date Incorporated or Qualified 01/18/1994	3a. Date of Last Report 06/06/1996
2. Principal Place of Business 2a. Mailing Add			dress		4. FEI Number	Applied For
21	**************************************	26			57-0993454	Not Applicable
Sułte, Apt.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 28		City & State	7 '		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30		8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☐ Yes ☑ No
24	9. Name and Address of Current		1301		10. Name and Address of New Re	
BIGGS, J. BRET						
6279 SUN BLVD. SUITE 202H ST. PETERSBURG FL 33715			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)
			83			
2			84	City		FL 85 Zip Code
44 Durauant	to the provisions of Sections CO7 0500	2 and CO7 1/ 00 Theids Statut	so the above	normad nor	protion authority this statement for the	
office or r	egistered agent, or both, in the State	of Florida. Such change was a	authorized by	the corpora	poration submits this statement for the tion's board of directors. I hereby acce	pt the appointment as registered
. 7.	m tamiliar with, and accept the obliga	itions of, Section 607.0505, Fil	orida Statutes			
SIGNATURE	Signature, typed or printed name of registered ages	ot and tilled applicable (NOI	L. Heaistered Age	nt sior ature requi	ireo when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	
TITLE	NAME BIGGS, J. BRET STREET ADDRESS 6279 SUN BLVD., SUITE 202H		1.1 TilLE			☐ Change ☐ Addition
NAME			1.2 NAME			
STREET ADDRESS			1.3 STREET	ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33715		14 CITY-S	1-7IP		
TITLE	ST	DELETE	21 THLE			Change Addition
NAME	BIGGS, DANIS A		2.2 NAME			
STREET ADDRESS	6279 SUN BLVD., SUITE 202H		2.3 STREE1	ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33715		2 4 CITY-ST-ZIP			
TITLE	DELETE		3 1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE1	ADDRESS		
CITY-ST-ZIP			3.4. CITY - S	1 - ZIP		
TITLE	L) DELETE 41		411 116			L. Change L. Addition
NAME			4 2 NAME			
STREET ADDRESS			43 STREET	ADDRESS		
CITY-ST-ZIP			4 4 C/1Y - S'	1 - ZIP		
TITLE	1		51 TITLE			Change Addition
NAME			5.2 NAME	}		
STREET ADDRESS			5 3 STREFT	ADDRESS		
CITY-ST-ZIP			54 CITY-S	r - ZiP		
TITLE,		DELETE	61 TALE	1		Change Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		

I. 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 coport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corpy then, 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 city aged, or on an attachment with an address.

CIONATURE.

14/15/97

1413) 866.6538

FILED

May 14 1997 8:00am

Secretary of State