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

POCUMENT # P94000052895 (7)

CASA A	LVA MAINTENANCE CUHP	•					eniki kilik likal	1841 3 181	n nu (04)
Principal Place	e of Business	Mailing Address				DEFEI BIND HED		I1 IIII 1001	
1300 LANDS E MANALAPAN F		1300 LANDS END ROAD MANALAPAN FL 33462-4	737						
						3. Date Incorporated or Qualified 07/18/1994	3a. Date o		Report
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Ar	oplied For	
21		26			65-0501353 Not Applicable				
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$		Additional	
22		27 City 9 City 9						equired	
City & State	9	City & State				6. Election Campaign Financing	_ ;		May Be
23 Zip	Country	Zip Country			~	Trust Fund Contribution	<u> </u>		to Fees
24	25	29	30			8. This corporation has liability for intangible tax under s. Florida Statutes		199.032,	
24	9. Name and Address of Curren					10. Name and Address of New Registered Agent			
REN	JAMIN, MAURA M			81	Name				
	LANDS END ROAD			-	·	(0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			
	NALAPAN FL 33462			82	Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
*****	4454 141 1 E 00 10E		ţ	B3					
			-					 -	
GAS	- ₹1			84	City		FL 8	i Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida State	iles, the at	ove-	named corp	oration submits this statement for the pi	roose of cha	.nging i	ts registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblic	e of Florida. Such change was rations of Section 607.0505. F	authorized Iorida Stati	d by utes.	the corporati	ion's board of directors. I hereby accep	t the appointr	nent as	registered
SIGNATURE		,							
	Signature, typod or printed name of registered ag	ent and trie if applicable (NC	TE: Rogisteroc	Agen	it signature requir	ed when reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	D D ALLANDI MALIDA M	☐ DELETE	1,1 THLE				<u>L_</u> J	Change	Addition
NAME			l	1.2 NAME					
STREET ADDRESS	AANALADAN EL 00400		1		ADDRESS				
CITY-ST-ZIP	D D			1.4 CITY - ST - ZIP 2.1 TITLE				<u> </u>	1 delilitari
TITLE	BOLTRI, GILLIAN R							Change	Addition
NAME STREET ADDRESS	5822 SUN POINTE CIRCLE			2.2 NAME 2.3 STREET ADDRESS			1		
	BOYNTON BEACH FL 33437			2. 4 CITY-SI-ZIP					
CITY-ST-ZIP TITLE	PATITION PROPERTY	☐ DELETE		3.1 1ITLE			П	Change	Addition
NAME			3.2 NAME		İ				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			11Y-S1	- 1					
TITLE		DELETE	4.1 TITLE					Change	Addition
NAME			4 2 NAME						
STREET ADDRESS			43 STREFT		ADDRESS				
CITY-ST-ZIP			4.4 CHY-5		- 71P				
TITLE		DELETE	5.1 TIT	ILE				Change	Addition
NAME			5.2 NA	ME	1				
STREET ADDRESS			5.3 \$T	REET A	ADDRESS				
CITY-ST-ZIP			5401	TY-SI	- 7IP				
TITLE		☐ DELETE	6.1 TIT					Change	Addition
NAME			6.2 NA						
STREET ADDRESS			6.3 ST	REE 1 A	ADORESS				
CITY-ST-ZIP			6.4 CII	TY - ST	- 7IP				

14. 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 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 chapted, or on an attachment with an address.

SIGNATURE:

261-282-9212

FILED

Apr 24 1997 8:00am

Secretary of State