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CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State

DOCUMENT # 1. Corporation Name

P9400066826 (6)

| | CAHE, INC. | | | | | | | |
|--|---|--|--|--------------------------------|---|---------------------------------|-------------------------------|---------------------------------|
| Principal Place of Business 2317 BLANDING BLVD SUITE 3 JACKSONVILLE FL 32210 | | 2317 BLANDING BLV SUITE 3 | Maing Address 2317 BLANDING BLVD SUITE 3 JACKSONVILLE FL 32210 | | | | | |
| | | | | | 3. Date Incorporated or Qualified 09/06/1994 | 3a. Date o | of Last Re 5/01/1 9 | |
| 2. Principal Place | e of Business | 2a. Mailing Address | | 4. FEI Number 59-3275602 | | k residen | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt #, etc. | Suite, Apt #, etc. | | 5. Certificate of Status Desired | | \$8.75 | Additional |
| Crty & State | | Oty & State | City & State | | 6. Election Campaign Financing | | | |
| Zip Country | | 28 Zm | 28 | | Trust Fund Contribution 8. This corporation has liability for | | | d to Fees |
| 24 25 | | 29 | 30 | | Florida Statutes 🔲 Yes 🖊 No | | | |
| | 9. Name and Address of Curro | ent Hegistered Agent | 81 | Name | 10. Name and Address of New F | legistered A | jent | |
| | y, robert w | | 82 | Street Addr | ess (P.O. Box Number is Not Acceptat | ole) | | |
| 3215 HE Suite 2 | ENDRICKS AVE | | 83 | | | | | |
| | NVILLE FL 32207 | | | | | | | |
| 5/15/15 | | | 84 | City | | FL | 85 Zip | p Code |
| or registered familiar with, SIGNATURE. | the provisions of Sections 607.05(Lagent, or both, in the State of Fic and accept the obligations of, So and accept the obligations of, Section 1997 page 1997 of Protect of Protect of Protect of Protect of Protect of Pro | rida. Such change was authorze ction 607,0505, Florida Statutes. | ad by the corps | oration's boar | ation submits this statement for the put d of directors. I hereby accept the app | rpose of chan ointment as re | ging its n gistered | egistered office agent. I am |
| 12. | OFFICERS A | ND DIFECTORS | 13. | a J ran re tradin ca | ADDITIONS/CHANGES TO OFF | | DIRECTO | DRS IN 12 |
| TITLE | D Sell, steven M | []] DECEME | 1 1 TOTLE | | | | Change | Addition |
| STREET ADDRESS 2317 BLANDING BLVD SUI | | JITE 3 | 1.3 STREET | ADDRESS | | | | |
| City-S1-ZiP | JACKSONVILLE FL 32210 | | 1.4 CHY-S | | | | | |
| TOTEF | | []] DECETE | 2 1 TITLE | | | | Change | Addition |
| NAME STREET ADDRESS | | | 2.2 NAME 2.3 STREET | ADDRESS | | | | |
| CITY-S1-7IP | | | 2.4 CITY- S | | | | | |
| THE NAME | | [] DETELE | 3 1 TITLE | | | | Change | Addition |
| STREET ADDRESS | | | 3.2 NAME 3.3 STHEET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 34 CITY-S | | | | | |
| THE | | [] DELETE | **** | | | | Change | Add-tion |
| NAME STREET ADDRESS | | | 4.2 NAME 4.3 STREFT | ADDRESS | | | | |
| CITY-S1-ZIP | | | 4.4 CITY - S | | | | | |
| TITLE | | [_] DEFETE | 5. 1 TALE | | | | Change | Add tion |
| NAME | | | 5.2 NAME | | | | | |
| STREET ADDRESS CITY-S1-7IP | | | 5.3 STREET | | | | | |
| THE | [_] DE | | 5.4 C/TY-S1-Z/P 6 1 TITLE | | | | Change | Addition |
| NAME | | | 62 NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | | |
| CiTY-ST-7iP 14. Ldo hereby o | certify that the information supplies | d with this fling is voluntarily five | 64 CITY-S | | or the exemption stated in Section 119 | 07(3)(k) Flori | da Statut | tes I further |
| certily that the | ne information indicated on this an | nual report or supplemental anni poration or the receiver or truster r on an attachment with an addr | ual report is tru e empowered t ess. | e and accura o execute this | te and that my signature shall have the s report as required by Chapter 607, Fi | same legal e orida Statutes | ffect as if a; and tha | f made under at my name |
| SIGNATU | IRE: /July | Theo. 51 | For u | , SEL | 4-23-56 | 9 | 6938 | 14 881B |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytine Phone #