## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000084178 (0) DOCUMENT #

CASSAT AVENUE PROPERTIES, INC.

Principal Place of Business Mailing Address

## **FILED** May 05 1998 8:00am Secretary of State



Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	pplicable tional red y Be ses
2. Principal Place of Business   2a. Mailing Address   5. Say 3282549   5. Note   5. Say 3282549   5. Say 3282549   5. Note   5. Say 3282549   5. Say	pplicable tional red y Be ses
28   Suite, Apt. #, etc.   Sc. Certificate of Status Desired   \$8.75 Add Fee Requence   St. 75 Add Fee	pplicable tional red y Be ses
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Scrifficate of Status Desired   \$8.75 Address Pee Regular	tional red y Be ses
22   27   27   27   27   27   27   27	red y Be ses ible
28	ible
25   28   30   Personal Property Tax due June 30.   Yes   No.   Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent  ROBISON, MARY A ONE INDEPENDENT DR SUITE 2600 JACKSONVILLE FL 32202  82  84 City FL 85 Zip Coo  11. Pursuant to the provisions of Soctions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its re 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 obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its re 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 obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its re office or registered agent, and the provisions of Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its re 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, 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, and the provisions of Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the provisions of Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the purpose of changing its registered agent, and the provisions of Sections of Sec	0
ROBISON, MARY A ONE INDEPENDENT DR SUITE 2800  JACKSONVILLE FL 32202  82  City  64  City  65  City  66  City  67  City  68  Ci	
ONE INDEPENDENT DR SUITE 2600  JACKSONVILLE FL 32202  83  11. Pursuant to the provisions of Soctions 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its rediction of the 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, 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, 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 agent and take if angle-table.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TILLE  WASON, ROY R  12 NAME  STREET ADDRESS  JACKSONVILLE FL 32254  13. STREET ADDRESS  LACKSONVILLE FL 32254  14. Cityy  Change	
SUITE 2600 JACKSONVILLE FL 32202  83  11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its red agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, tyried or printed name of registered egent and take it empt-able  NOTE: Registered Agent signature registered when reinstaling)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I  ITILE  MASON, ROY R  STREET ADDRES  CITY-ST-ZIP  JACKSONVILLE FL 32254  14 CITY-ST-ZIP  TITLE  DELETE  21 TITLE  DELETE  21 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31 TITLE  Change  Change  Change  Change  Change  Change	
SIGNATURE	
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 redice 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 required and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typicd or printed name of registered agent and table if emphrable. (NOTE: Registered Agent signature required when reinstaling)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  DAMBE MASON, ROY R  STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL 32254  1.4 CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  1.2 TITLE  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  1.4 CITY-ST-ZIP  TITLE  1.5 TITLE  1.5 TITLE  1.6 Change  1.7 Change  1.8 Change  1.9 Change	
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its replication of 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 required agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	e
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I  TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE  DELETE  DELETE  DELETE  3.1 TITLE  DELETE  DELETE  1.1 TITLE  Change	gistered istered
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	Addition
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STREET ADDRESS 6.3 STREET ADDRESS	
CITY-SI-ZIP 64 CITY-SI-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes.	

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 ar officer or director of the corporation or the series or this see 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.