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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000001249**1. Corporation Name

CASEWORK SPECIALTIES, INC.

	_
Principal Place of Business	Mailing Address
1725-B CENTRAL FLORIDA PKWY ORLANDO FL 32837	1725-B CENTRAL FLORIDA PKWY ORLANDO FL 32837

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90034 009 ***150.00



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Principal Place	of Business	M	lailing Address				ļ			• • • • • • • • • • • • • • • • • • • •		
1725-B CENTRAL FLORIDA PKWY ORLANDO FL 32837			1725-B CENTRAL FLORIDA PKWY ORLANDO FL 32837									
0		•						DO NOT WRITE I	N THIS	SPACE		
							3.	Date Incorporated or Qualifed			į	
								01/04/1995				
2. Principal Pl	ace of Business	2a	. Mailing Address				4.	FEI Number		17	Applied For	
21		26						59-3287602			Not Applicable	
Suite, Apt.	#, etc.	- 1	Suite, Apt. #, etc.				<u> </u>			\$8.75	Additional	
22		27					5.	Certificate of Status Desired	1	Fee f	Required	
City & State			City & State				6	Election Campaign Financing		\$5.0	May Be	
─		28					"	Trust Fund Contribution	j		d to Fees	
Zip	Country	- 20	Zip	Cou	ntrv		-	This corporation owes the current	vear Inta	angible		
	25	29	2.0	30	,		0.	Personal Property Tax.	, CO: 1112	Yes	□No	
24	9. Name and Address of Curr		stered Agent	301	Γ.		10	Name and Address of New Regi	stered /	Agent		
	5. Name and Address of Curr	ent ivegi	Stered Agent		81	Name						
STD	OBL, BRIAN											
	•				82	Street	Address (F	dress (P.O. Box Number is Not Acceptable)				
	B CENTRAL FLORIDA PKWY											
UKL	ANDO FL 32837				83	İ						
					84	City				85 Zip	p Code	
					']			FL	. .		
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta n familiar with, and accept the obli	e of Flori	ida. Such change was	authorized	d by	the corpo	corporation s b	n submits this statement for the pur oard of directors. I hereby accept th	pose of e appoir	changing i ntment as	ts registered registered	
SIGNATURE												
Olorwich Chie	Signature, typed or printed name of registered a	gent and title	of applicable. (NO)	E: Registered	Agen	t signature r	required when		DATE			
12.	OFFICERS A	ND DIRI		13.			· ·	ADDITIONS/CHANGES TO OFFICE	ERS AN			
TITLE	D		☐ DELETE	1,1 Ti	TLE					Change	e 🗌 Addition	
NAME	STROBL, BRIAN			1.2 N	AME							
STREET ADDRESS	1725-B CENTRAL FLORIDA I	KWY		1.3 \$	TREET	ADDRESS	.]					
CITY-ST-ZIP	ORLANDO FL 32837			1.4 C	TY-S	T-ZIP						
TITLE	VP		☐ DELETE	2.1 Ti	TLE					□ Chang	e 🔲 Addition	
NAME	DRISCOLL, SUZANNE			2.2 N	AME		İ				ľ	
	104 TIPPEVARY DRIVE					ADDRESS	10-1	Tipperary Dr				
STREET ADDRESS							, ,	4, -,				
CITY-ST-ZIP	LAKE MARY FL 32746		☐ DELETE	2.4 C		T-ZIP_				^ Change	e Addition	
TITLE .			_ OLLLIE									
NAME				3.2 N								
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP						T-ZIP	 			[] (\s	Additi	
TITLE			☐ DELETE	4.1 ₹	TLE					[] Chang	e 🗌 Addition	
NAME				4.21	IAME							
STREET ADDRESS				4.3 S	TREE	TADDRESS	: [
CITY-ST-ZIP				4.4 C	ΠY-S	T-ZIP						
TITLE			☐ DELETE	5.1 ∏	TLE				_	Chang	e 🗌 Addition	
NAME				5.2 N	AME						ļ	
STREET ADDRESS				538	TREE	TADDRESS	:					
CITY-ST-ZIP				5.4 C	πy-\$	T-ZIP					ļ	
TITLE			DELETE	6.1 TI						☐ Chang	e Addition	
				6.2 N	AME					_		
NAME						TADDRESS						
STREET ADDRESS				0.33	LUCE		' 1					

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 of trostee 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, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

401.8258402m23