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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90234 003 ***150.00

FILED

DOCUMENT # 1. Corporation Name	P95000047018
CASUAL ROOM, INC.	

Principal Place of Business 9501-67 ARLINGTON EXPY JACKSONVILLE FL 32225

2. Principal Place of Business

Mailing Address

2a. Mailing Address

P.O. BOX 41285

JACKSONVILLE FL 32203

|--|

Applied For

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

06/08/1995

4. FEI Number

al 4501°	385 Arlington Exp	26				59-3323880			
Suite, Apt.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			
22		27					Fee Red	·	
City & State	e ·	City & State	City & State			gn Financing	\$5.00		
!3		28			Trust Fund Conti		Added to	Fees	
Zip	Country	├ ─ `	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax.			
24	25		30			Personal Property Tax. 10. Name and Address of New Registered Agent			
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Addi	622 OI MAM LEGISTATE	id Agent		
AMP.	ERGER, BUTCH		"	Name					
	-67 ARLINGTON EXPY		82	Street A	ddress (P.O. Box Number		Y 0.1		
	(SONVILLE FL 32225		83	450	- 38 2 W	lington E	<u>~Ру</u> —		
JACI	ASSIGNATED 1 E SEEES		83						
			84	City		F	85 Zip C	ode	
				<u> </u>		•	_	registered	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	Florida, Such change was auth	orized by	the corpo	corporation submits this stateration's board of directors.	tement for the purpose I hereby accept the app	oi changing its pointment as reg	jistered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes						
SIGNATURE						DATÉ			
	Signature, typed or printed name of registered agent a		gistered Agei	it signature re-	quired when reinstating)	NGES TO OFFICERS	AND DIRECTO	RS IN 12	
12.	OFFICERS AND	DELETE	1.1 TITLE		ADDITIONOGIA	NOLO TO OTTIOLITO	Change	Addition	
TITLE	P BUTCH W		1.2 NAME		•			_	
NAME	AMBERGER, BUTCH W		1.2 NAME		9501-385	Arlinaton	EXPU		
STREET ADDRESS	9501-67 ARLINGTON EXPY				-12° 300/	1	1 /		
CITY-ST-ZIP	JACKSONVILLE FL 32225	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE				Change	☐ Addition	
TITLE	:	C petric							
NAME			2.2 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP				ST-ZIP			☐ Change	Addition	
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NAME			3.2 NAME						
STREET ADDRESS		•		T ADDRESS					
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			Change	Addition	
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NAME			4 2 NAME						
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CITY-ST-ZIP		C) polete	4.4 CITY- 5	T-ZIP			☐ Change	Addition	
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NAME			5.2 NAME						
STREET ADDRESS	}			TADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition	
NAME			6.2 NAME	}					
STREET ADDRESS			6.3 STREE	TADORESS					
CITY-ST-ZIP			6.4 CITY-S	T-ZIP	1- 06 440 07(0)(5) FI-		andifu that the it		

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 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 changed, or on an attachment with an address will all other like empowered.

SIGNATURE: _

3 - 10 - 99 (904) 724-7277

Date Daytrie Phone #