

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000052628 (1)

1. Corporation Name

CASA DE FANTASTIC, INC.



Principal Place of Business

Mailing Address

1401 UNIVERSITY DR SUITE 301  
CORAL SPRINGS FL 33071

1401 UNIVERSITY DR SUITE 301  
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified

07/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4050 S.W. 11th Terrace  
Suite, Apt. #, etc.

26 4050 S.W. 11th Terrace  
Suite, Apt. #, etc.

4. FEI Number

65-0607952

Applied For

Not Applicable

22 N/A

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Fort Lauderdale, FL  
City & State

28 Fort Lauderdale, FL  
City & State

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

24 33315 25 Broward  
Zip Country

29 33315 30 Broward  
Zip Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUME, JOHN  
1401 UNIVERSITY DR SUITE 301  
CORAL SPRINGS FL 33071

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 registered 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed (Name of registered agent) (Typed name of registered agent)

DATE Registered Agent's Signature Required (Typed name of registered agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME HUME, JOHN  
STREET ADDRESS 1401 UNIVERSITY DR SUITE 301  
CITY-ST-ZIP CORAL SPRINGS FL 33071

1.1 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

P  
CORINNE J. WALKER  
4050 SW 11th TERRACE  
FORT LAUDERDALE, FL 33315

100001853881

06/06/96 01084 006

\*\*\*225.00

06-06-96 OR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Corinne J. Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-96 954-359-8250

DATE OF FILING

CR2E034 (12/95)