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 # P95000087694

RAY & KIM CASSANO, INC.

	*				-					
Principal Plac	e of Business	Mailing Address			•	[118 19141 8181 1891
639 CLEVELAND ST., SUITE 310 639		639 CLEVELAND ST., SUITE	39 CLEVELAND ST., SUITE 310							
CLEARWATER FL 33755		CLEARWATER FL 33755					DO NOT WIDE	TE IN THO	CDACE	
US		US	·\$			5 Data Income	DO NOT WRI	HE IN THIS	SPACE	
	**************************************					3. Date Incorpora				
		la Mallina Address				11/15/1995 4. FEI Number			17	Applied For
	lace of Business	2a. Mailing Address			ł		1		_ 	Not Applicable
21	4 -1-	Suite, Apt. #, etc.				<u>59-334557(</u>	<u>, </u>			Additional
Suite, Apt.	#, etc.	⊢				5. Certificate of S	tatus Desired		•	Required
City & Stat	20	City & State		·-		6. Election Camp	olan Elpansina			0 May Be
一 `	.e	28				Trust Fund Co	• . •			d to Fees
Zip	Country	Zip	Countr	v		8. This corporation		rent vear Int		
24	25	`	30	•		Personal Prop		ioni your ini	Yes	□No
24	9. Name and Address of Current			•	_ 	10. Name and Ad		Registered	Agent	
	P	00000	8	1 Name	•			•		
	CASSANO		<u></u>		4 4 4-4	- (D.O. Bay Niverba	- i- blat Assent	abla)		<u>-:</u>
639 CLEVELAND ST #310			82 Street Addr			s (P.O. Box Numbe	er is Not Accept	able)	, ,	and at the west (MA)
, CLE	ARWAȚER FL 33755		8:	3		7	333751541.	144.48	3 1964	11.5 13.11.64
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			84	4 City				FL	85 Zi	p Code
11 Pürsüant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statute	es, the above	ve-name	d corpora	ation submits this s	tatement for the	numose of	changing	its registered
office or r	registered agent, or both, in the State of the familiar with, and accept the obligat	of Florida. Such change was au	uthorized b	y the con	poration's	s board of directors	s. I hereby acce	pt the appoir	ntment as	registered
	ım tamıllar with. and accept the obligat									
•	1,		ida Otatato	·3.						
SIGNATURE					required wh	hen reinstating) (144/12)		DATE	· 	
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	it and title if applicable. (NOTE:			required wh	nen reinstating)			D DIREC	TORS IN 12
•	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE:	Registered Ag	ent signature	required wh		ANGES TO OF		D DIREC	
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS ANI	at and title if applicable. (NOTE:	Registered Age	ent signature	required wh	ADDITIONS/CH	ANGES TO OF			
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS ANI P CASSANO, RAY	at and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	ent signature		ADDITIONS/CH	ANGES TO OF			
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS ANI P CASSANO, RAY 639 CLEVELAND ST., SUITE 31	at and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	ent signature		ADDITIONS/CH	ANGES TO OF			
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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 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, with all other like empowered.

6.4 CITY-ST-ZIP

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90011 013 ***150.00

SIGNATURE