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 # P95000088506

1. Corporation Name

CASSELBERRY ALLIANCE CORPORATION

FILED Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90016 034 ***150.00



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0 SUMMERFIELD WAY 110 SUMMERFIELD WAY					•	· ·		•		
ANDON FL		BRANDON FL 33510						,		
,		1				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				7
		• ,				11/14/1995				
Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For	٦,
		26				59-3342809			Not Applicable	73
Suite, Apt. #, etc.			سنتها د سست			5. Certifcate of Status De	also d	= \$8.75	-Additional	- 4
27						5. Certificate of Status De	sired	Fee F	Required	
City & Sta	te ·	City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
		28				Trust Fund Contributio	<u>ı </u>		d to Fees	
Zip	Country		Zip Country			8. This corporation owes	the current year I	ntangible	-	
	25	29	30	,		Personal Property Tax		☐ Yes	□No	_
	9. Name and Address of Curre					10. Name and Address o	i New Registerer	d Agent		4
DAY	/IS, SHERRILL A	2020 (1921) 1921 F		81	Name					
CASSITO SUMMERFIELD WAY TO SECOND COM				82	Street Addr	ess (P.O. Box Number is Not Acceptable)				\dashv
BRANDON FL 33510						•	5 444 4 444 4 4 14 6 4 4	<u> </u>	a greek a con care	_
DIT	MDON FE 333 IU	•		83		13457 414		Park		7
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Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statu	les, the al	oove	-named corp	oration submits this statement	for the purpose of	f changing if	s registered	7
agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	iuthonzed orida Stati	i by t utes.	the corporation	on's board of directors. I hereb	y accept the appo	ointment as r	egistered	1
GNATURE							٠.			
O/ // (O (Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered	Agent	signature required	d when reinstating) (DATE			-
· · · .		ID DIRECTORS	13.			ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECT	ORS IN 12]
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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 of an attachment with an address, with all other like empowered.