

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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000089907 (6)

1. Corporation Name

CASMAR, INC.
(N/A)

CASMAN CHIROPRACTIC INC.
CASMAN ENTERPRISES INC.

Principal Place of Business

944 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

Mailing Address

2695 N. MILITARY TRAIL, STE. 6
WEST PALM BEACH FL 33409



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1995

4. FEI Number

65-0630007

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1326 S. RIDGEWOOD AVE

Suite, Apt. #, etc.

22 Suite 1

City & State

23 DAYTONA BEACH, FL

Zip

24 32114

Country

25

2a. Mailing Address

26 3469 LAWRENCEVILLE HWY

Suite, Apt. #, etc.

27 Suite 207

City & State

28 TUCKER, GA

Zip

29 30084

Country

30

9. Name and Address of Current Registered Agent

KLEMPNER, MARK
2695 N. MILITARY TRAIL, STE. 6
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name

MARK KLEMPNER

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

4251 S. UNIVERSITY BLVD

83

Suite 103

84

JACKSONVILLE

FL

85 Zip Code

32216

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME KLEMPNER, MARK
STREET ADDRESS 2695 N. MILITARY TRAIL, STE. 6
CITY-ST-ZIP W. PALM BEACH FL 33409

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SEC/TRES ☒ Change ☐ Addition

1.2 NAME MARK KLEMPNER

1.3 STREET ADDRESS 4251 S. UNIVERSITY BLVD Suite 103

1.4 CITY-ST-ZIP JACKSONVILLE, FL 32216 ☐ Change ☒ Addition

2.1 TITLE President ☐ Change ☒ Addition

2.2 NAME LARRY R. CASSAW

2.3 STREET ADDRESS 4801 TATLONS CT

2.4 CITY-ST-ZIP MARICHA, CA 30089

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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 [Signature] DATE 1-21-98 770

CR2E034 (10/97)