

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

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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000095800 (5)

1. Corporation Name
CAVALLERO, INC.



Principal Place of Business 3103 CARDINAL DRIVE VERO BEACH FL 32963 US	Mailing Address 105 41ST CT VERO BEACH FL 32968-2447
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3. Date Incorporated or Qualified 12/15/1995	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
	1225 45th Court S.W. Vero Beach, Florida 32968 U.S.

4. FEI Number 65-0625367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KISTLER, JOHN P JR 105 41ST CT VERO BEACH FL 32968
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
1225 45th Court S.W. Vero Beach, FL 32968

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 TITLE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY-ST-ZIP 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP	1.1 DELETE 1.2 DELETE 1.3 DELETE 1.4 DELETE 1.5 DELETE 1.6 DELETE 1.7 DELETE 1.8 DELETE 1.9 DELETE 1.10 DELETE 1.11 DELETE 1.12 DELETE 1.13 DELETE 1.14 DELETE 1.15 DELETE 1.16 DELETE
P BURNS, BLAIR 408 9TH DR VERO BEACH FL V BURNS, TONI 408 9TH DR VERO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	2.1 Change <input type="checkbox"/> Addition <input type="checkbox"/> 2.2 Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 2.3 Change <input type="checkbox"/> Addition <input type="checkbox"/> 2.4 Change <input type="checkbox"/> Addition <input type="checkbox"/> 3.1 Change <input type="checkbox"/> Addition <input type="checkbox"/> 3.2 Change <input type="checkbox"/> Addition <input type="checkbox"/> 3.3 Change <input type="checkbox"/> Addition <input type="checkbox"/> 3.4 Change <input type="checkbox"/> Addition <input type="checkbox"/> 4.1 Change <input type="checkbox"/> Addition <input type="checkbox"/> 4.2 Change <input type="checkbox"/> Addition <input type="checkbox"/> 4.3 Change <input type="checkbox"/> Addition <input type="checkbox"/> 4.4 Change <input type="checkbox"/> Addition <input type="checkbox"/> 5.1 Change <input type="checkbox"/> Addition <input type="checkbox"/> 5.2 Change <input type="checkbox"/> Addition <input type="checkbox"/> 5.3 Change <input type="checkbox"/> Addition <input type="checkbox"/> 5.4 Change <input type="checkbox"/> Addition <input type="checkbox"/> 6.1 Change <input type="checkbox"/> Addition <input type="checkbox"/> 6.2 Change <input type="checkbox"/> Addition <input type="checkbox"/> 6.3 Change <input type="checkbox"/> Addition <input type="checkbox"/> 6.4 Change <input type="checkbox"/> Addition <input type="checkbox"/>
BURNS, TONI 408 9th Drive Vero Beach, FL 32962	

14. I do 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.

SIGNATURE: Toni Burns **REQUIRED** 2/14/97 (561) 234-3966
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)