

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

pg. 1

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 AUG 12 AM 8:39

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000015146 (9)

1. Corporation Name
C.A.S. ENTERPRISES, INC.



Principal Place of Business
~~3540 NE 107th St.~~ 3540 NE 107th St. Rd
Anthony, FL 32617
Mailing Address
~~700 NE 9th St.~~ Same
Ocala, FL 32617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/14/1996	3a. Date of Last Report New
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent
SANDLIN, DANNY G
~~700 NE 9th St.~~
C.A.S. Enterprises, Inc.
3540 N.E. 107th Street Road
Anthony, FL 32617

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	FL 85

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	<input type="checkbox"/> DELETE
NAME	D SANDLIN, DANNY G
STREET ADDRESS	700 NE 9th St. 3540 NE 107th St. Rd.
CITY-ST-ZIP	Ocala, FL 32617 Anthony, FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert Sandlin 7 Year.
1.3 STREET ADDRESS	C. Robert Sandlin
1.4 CITY-ST-ZIP	11025 SE 132 St Ocala, FL 32179
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Outmet
2.3 STREET ADDRESS	3312 NE 16th Ave.
2.4 CITY-ST-ZIP	Ocala, FL 32479
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	600002271306--3
3.3 STREET ADDRESS	-08/19/87--01060--012
3.4 CITY-ST-ZIP	****165.00 ****165.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Danny G. Sandlin* 8792 35242-0583

CR2E034 (4/97)

pg. 2

I found this form on 8, 5, 97, at
My Fathers Nursing Home. It had been
forwarded by Postal to him. He is
incapable of recognizing any difference
as the H.R.S. doctor has placed him
in the nursing home. He has been
ruled incompetent. The address was
his former home. Crossed in mail.

I have enclosed \$165.00 as per
phone conversation with your office

Thanks,
Darryl G. Smith
Pres.

C.A.S. Enterprises, Inc.
3540 N.E. 107th Street Rm.
Anthony, FL 32617