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Feb 18 1997 8:00am
Secretary of State

✓ PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000052568 (8)

1. Corporation Name
THE CAZES GROUP, INC.



Principal Place of Business
1881 UNIVERSITY DRIVE #100
CORAL SPRINGS FL 33071

Mailing Address
1881 UNIVERSITY DRIVE #100
CORAL SPRINGS FL 33071-6093

3. Date Incorporated or Qualified 06/20/1996	3a. Date of Last Report FIRST TIME
4. FEI Number 22-3278316	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	

2. Principal Place of Business 21 5248 EAGLE CAY WAY Suite, Apt. #, etc. 22 City & State 23 COCONUT CREEK, FL Zip 24 33073 Country 25 USA	2a. Mailing Address 26 5248 EAGLE CAY WAY Suite, Apt. #, etc. 27 City & State 28 COCONUT CREEK, FL Zip 29 33073 Country 30 USA
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9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name JACK CAZES 82 Street Address (P.O. Box Number is Not Acceptable) 5248 EAGLE CAY WAY 83 84 City COCONUT CREEK FL 85 Zip Code 33073
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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: *Jack Cazes* JACK CAZES 1/29/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PC NAME CAZES, JACK STREET ADDRESS 1881 UNIVERSITY DRIVE #100 CITY-ST-ZIP CORAL SPRINGS FL 33071	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT 1.2 NAME CAZES, JACK 1.3 STREET ADDRESS 5248 EAGLE CAY WAY 1.4 CITY-ST-ZIP COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jack Cazes* JACK CAZES 1/29/97 (954) 570-9446
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)