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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000052948 (2)

CASSCO OF PINELLAS COUNTY, INC.

3. Date incorporated or Qualified 06/20/1996  2. Principal Place of Business 28. Mailing Address 4. FEI Number 5 9 - 338 6 7/0 Not Applied For Not Applied For Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees
2. Frincipal Place of Business  2. Mailing Address  2. Mailing Address  3. FEI Number  5. 9 - 338.6.7/0  Not Applied For Not Applied For Not Applied be Suite, Apt. #, etc.  5. Certificate of Status Desired  5. Certificate of Status Desired  6. Election Campaign Financing Fee Required Fee Re
Suite, Apt. #, etc.    State
City & State  City & State  City & State  City & State  Country  Zip  Country  B. This corporation has liability for intangible tax under s. 199 032, Florida Statules  Yes  Xi No  9. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY  1201 HAYS STREET  TALLAHASSEE FL 32301  Signature  Tallahassee FL 32301  Talla
Zip Country Zip Country B. This corporation has liability for inlangible tax under s 199 032, Florida Statutes Yes No  9. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301  81 Name CAUDETE ARES  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O.
9. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301  81 Name (AUDETE ARES 82 Street Address (P.O. Box Number is Not Acceptable) 130 COACHLIGHT WAY  84 City  FL 85 Zip Code  11. Pursuant to thic previsions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, are both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent 1 am tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Structure of the purpose of changing its registered Agent signature required when renatating)  DATE  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THIF  PD  Change Addition
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301  81 Name CAUDETTE ARES 82 Street Address (P.O. Box Number is Not Acceptable) 15 30 CACHLIGHT W  84 City  FL 85 Zip Code  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 arm faphillar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE State of the purpose of changing its registered agent and title tappicable. (NOTE Registered Agent signature required when renstating)  OATE  12. OF HICERS AND DIRECTORS  DELETE  1.1 TIFLE  Change Addition
1201 HAYS STREET TALLAHASSEE FL 32301  82 Street Address (P.O. Box Number is Not Acceptable) 15 30 CACHLIGHT  83 DUNED IN  84 City  85 Zip Code  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 or per text arms of registered agent and talls tappicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  IIIIF  PD  DATE  Change  Addition
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agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  DATE  12. OFFICERS AND DIRECTORS  DELETE  1.1 TIFLE  DELETE  1.1 TIFLE  OFFICERS AND DIRECTORS IN 12
SIGNATURE CALLETTE (NOTE Registered Agent signature required when reinstating)  SIGNATURE CALLETTE  SIGNAT
Signature, typed or pertic crane of negestered agent and utile chappecable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE PD DELETE 1.1 TITLE  1.1 TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
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CHY-SI-ZIP
NAMÉ 5.2 NAME
STREET ADDRESS 53 STREET ADDRESS
CITY-SI-7P 54 CITY-SI-7P
TITLE DELETE 61 TITLE Change Addition
NAME 6.2 NAME
STEET ADDRESS 6.3 STREET ADDRESS
CITY-SI-ZIP 64 CITY-SI-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 altachment with an address.

SIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

<u> 344-97</u>

813.734.7933

**FILED** 

Mar 18 1997 8:00am

Secretary of State