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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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May 06 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000064674 (0)

CASEY HOLDINGS, INC.

Lam an officer or director of the corpora appears in Block 12 or Block 13 if char

SIGNATURE:

| Principal Place | of Business | Mailing Address | ······································ | · | | | |
|---|---|---|--|--|---|--------------------------------|--|
| 5850 TG LEE BLVD STE 400 S850 TG LEE BLVD ORLANDO FL 32822 ORLANDO FL 328 | | | | | | | |
| | | | | | 3. Date incorporated or Qualified 06/02/1996 | 3a. Date of Las | t Report |
| ı · | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| 21 Suitz And # | ш мал | 26 | | | 59-339594 | | Not Applicable |
| Suite, Apt #, etc 22 | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | City & State | | | 6. Election Campaign Financing | | 00 May Be |
| 23 | | 28 | | | Trust Fund Contribution | | od to Fees |
| Zip JN | Country | Zip | Cour | ntry | 8. This corporation has liability for i | | r s. 199.032, |
| 24 | 25 9. Name and Address of Co | urrent Registered Agent | 30 | | Florida Statutes 10. Name and Address of New Reg | Yes No | |
| DALE | | Titalit uaflistaton wholit | | 81 Name | 10. Name and Address of New Re | ğistereo Agent | |
| | Y, PATRICK A S KNOWLES AVE STE 7 | | | | | | |
| | ER PARK FL 32789 | | | 82 Street Add | fress (P.O. Box Number is Not Acceptab | 10) | |
| 771171 | EN PAIN FL SEIDS | | } | 83 | | | |
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| | | | Ī | 84 City | | FL 85 Z | ip Code |
| agent Lan | n familiar with, and accept the c | obligations of, Section 607.0505, | Florida Stati | i by the corpora ites: | ation's board of directors. I hereby accept | the appointment | as registered |
| SIGNATURE 5 | Signature. Typest or printed name of legisten | ed agent and title if applicable (N | OTE: Registered | Agent signature requ | ired when reinstating) | DATÉ | ************************************** |
| 12. | OFFICERS | S AND DIRECTORS | OTE: Registered | Agent signature requ | olred when reinstating) ADDITIONS/CHANGES TO OFFIC | | ORS IN 12 |
| 12. Tall | OFFICERS D | | | | | | |
| 12. THE NAME | OFFICERS D CASEY, JOHN L | S AND DIRECTORS DELETE | 13. | LE | | ERS AND DIRECT | |
| 12. THE NAME STREET ADDRESS | OFFICERS D CASEY, JOHN L 5850 TG LEE BLVD STE 4 | S AND DIRECTORS DELETE | 13. 1.1 TIT 1.2 NA | LE | | ERS AND DIRECT | |
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