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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P97000034546 (6)

CASEY SERVICES, INC.

Principal Place of Business

Mailing Address

FILED Mar 26 1998 8:00am Secretary of State

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17085 S.W. 83 COURT 17085 S.W. 83 COURT MIAM! FL 33157 MIAMI FL 33157 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/16/1997 2a. Mailing Address 2. Principal Place of Business Applied For Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes ☐ No 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LUDOVICI, EDWARD P ESQ. 17415 S. DIXIE HIGHWAY Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33157 B3** City R4 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. DELETE Change Addition **PSD** TITLE 1.1 TITLE MATTHEWS, RICHARD T JR. NAME 1.2 NAME 17085 S.W. 83 COURT 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33157** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition DELETE 3.1 TITLE Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIF

14. I 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 suppliemental 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

CHARDEMATTHOUS JR 1/19/98 305 3780706 SIGNATURE