CR2E034 (11/98)

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000034546

1. Corporation Name

CASEY SERVICES, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90006 019 ***150.00



Principal Place of Business Mailing Address 17085 S.W. 83 COURT 17085 S.W. 83 COURT MIAMI FL 33157 **MIAMI FL 33157** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/16/1997 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0759501 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Intangible Country Zip □No 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LUDOVICI, EDWARD P ESQ. Street Address (P.O. Box Number is Not Acceptable) 82 17415 S. DIXIE HIGHWAY **MIAMI FL 33157** 83 84 Zip Code City 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 require Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition PSD ☐ DELETE TITLE 11 TITLE MATTHEWS, RICHARD T JR. 1.2 NAME NAME 17085 S.W. 83 COURT 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33157** 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition Change □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRES 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

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 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 with all other like empowered. Block 12 or Block 13 if changed, or on an attachment with an address

64 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP