


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

0547256

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90107 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P97000064531

1. Corporation Name
CASCADE INTERNATIONAL, INCORPORATED



Principal Place of Business 1076 WOLFE ST. JACKSONVILLE FL 32205	Mailing Address 1076 WOLFE ST. JACKSONVILLE FL 32205
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14100 ROAMER CT.		2a. Mailing Address 26 14100 ROAMER CT.		3. Date Incorporated or Qualified 07/23/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3460218	
City & State 22 CENTREVILLE, VA		City & State 27 CENTREVILLE, VA		Applied For Not Applicable	
Zip 24 20121		Zip 29 20121		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country 25 FAIRFAX		Country 30 FAIRFAX		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SWANSON, WILLIAM C 1076 WOLFE ST. JACKSONVILLE FL 32205		10. Name and Address of New Registered Agent 81 Name CHRISTOPHER G. BENTLEY 82 Street Address (P.O. Box Number is Not Acceptable) 1812 OLIVIA CR. 83 84 City AROPKA FL 85 Zip Code 32703	
---	--	--	--

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 **CHRISTOPHER G. BENTLEY** DATE **4-27-99**

(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SWANSON, WILLIAM C		1.2 NAME WILLIAM C. SWANSON	
STREET ADDRESS 1076 WOLFE STREET		1.3 STREET ADDRESS 14100 ROAMER CT.	
CITY-ST-ZIP JACKSONVILLE FL 32205		1.4 CITY-ST-ZIP CENTREVILLE, VA 20121	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: **WILLIAM C. SWANSON** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 (703) 815-2696
Date Daytime Phone #

CR2E034 (11/98)