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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700064531 1. Corporation Name

CASCADE INTERNATIONAL, INCORPORATED

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

05-04-1999 90107 015 \*\*\*150.00



Principal Place of Business  Mailing Address  1076 WOLFE ST.  JACKSONVILLE FL 32205  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  07/23/1997  2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For  11/4100 ROAMER CT. 26/14100 ROAMER CT. Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired  \$8.75 Additional										
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SWANSON, WILLIAM C 1076 WOLFE ST.  ### ACKSONVILLE FL 32205  ### City NORMAN IN Provisions of Sections 607.0502 and 607.1508, Florida Situlus, the above-named perporation submits this statement for the purpose of changing its replatered diffice or registered agent, or both, in the State of Florida. Such change was authorized by the optioryforn's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607.0502, Elorida Statutes, the above-named perporation submits this statement for the purpose of changing its replatered general registered agent, and accept the obligations of Section 607.0502, Elorida Statutes.  #### SIGNATURE FL 32205  ###	24 20121			30 /2	IRFA				M/No	
SWANSON, WILLIAM C 1076 WOLFE ST.  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named perporation 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 conformation submits this statement for the purpose of changing its registered agent agent, and accept the obligations of Section 07.0500, Eurote Statutes, the above-named perporation submits this statement for the purpose of changing its registered agent agent, and accept the obligations of Section 07.0500, Eurote Statutes, the above-named perporation submits this statement for the purpose of changing its registered agent agent, and accept the obligations of Section 07.0500, Eurote Statutes.  11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named perporation submits this statement for the purpose of changing its registered agent of the purpose of changing its registered agent agent of the purpose of changing its registered agent agent of the purpose of changing its registered agent	<del> </del>									
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office or registered agent, or both, in the State of Florida. Such change was authorized by the conforgidon's board of directors. I hereby accept the appointment as registered! agent: I am familiar with, and accept the obligations of, Section 607 3055. Elprida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  SWANSON, WILLIAM C STREET ADDRESS  13. STREET ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. CWANGE  15. STREET ADDRESS  16. STREET ADDRESS  17. ST.2P  18. JACKSONVILLE FL 32205  18. JA			,		84 City	2001	OKA A. San A. Carta	FL 85 Zi	p Code	
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12.	SIGNATURE CHRISTOPHER G. SENTLLY ( 4-27-99									
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR