## 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

Principal Place of Business	Mailing Address
351 ST. ARMANDS CIR	351 ST, ARMANDS CIR
SARASOTA FL 34236	SARASOTA FL 34236

**FILED** Mar 06 1998 8:00am Secretary of State

1. Corporation	CA'S INC	1 0 7 0	00087853	3 (2)			
Principal Plac	e of Busines	ss	Mailing Addre	988			T 1003/1013, 150 101/1 100/1 004/1 00/1/1 00/1/1 00/1/1 10/1/1 10/1/1 10/1/1 10/1/1 10/1/1 10/1/1
351 ST. ARM	IANDS CIR		351 ST. ARM	ANDS CIR			
SARASOTA FL 34236 SARASOTA FL 34					DO NOT UNDITE IN THE ODIO		
							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
							• • • • • • • • • • • • • • • • • • •
2. Principal Place of Business 2a. Mailir		2a. Mailing Ac	idross			10/10/1997 4. FEI Number Applied For	
21		<u> </u>	26			59-347 82 84 Not Applicable	
Suite, Apt. #, etc.			Suite, Apl. #, etc.			\$8.75 Additional	
22		27				5. Certificate of Status Desired Fee Required	
City & Stat	lo			City & State			6. Election Campaign Financing \$5.00 May Be
23			28	28			Trust Fund Contribution Added to Fees
Zip		Country	Zip	ļ	Country	1	8. This corporation owes or has paid the current year Intangible
24		25	29	3	<u>ol</u>		Personal Property Tax due June 30.  Yes No
			rrent Registered Agen	<u> </u>	81	Name	10. Name and Address of New Registered Agent
	iderson, i				"	Name	·
	1 ST. ARM				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
SA	rasota f	L 34236			B3	ļ	
					**		
					84	City	FL 85 Zip Code
11 Purement	to the provis	ions of Sections 607	0502 and 607 1508 File	orida Statutos	the abov	e-named co	
	registered ag am familiar w	gent, or both, in the St ith, and accept the ob	tate of Florida. Such choligations of, Section 60	ange was au 07.0505, Flori	thorized by da Statute	y the corpor s.	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Bignature, types	for printed name of registares	d agent and tille if applicable	(NOTE	Registered Age	ent signature rec	outred when reinstating) DATE
12.			AND DIRECTORS	<del></del>	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			DELETE	1.1 TITLE		Change Additlo
NAME	ANDER	SON, REBECCA			1.2 NAME		
STREET ADDRESS	351 ST.	ARMANDS CIR			1,3 STREET	ADDRESS	
CITY-ST-ZIP	SARAS	OTA FL 34238			1.4 CITY - 5	ST - ZIP	
TITLE	İ			DELETE	2.1 TITLE	Į į	☐ Change ☐ Additio
NAME					2.2 NAME		
STREET ADDRESS					2.3 STREET	ADDRESS	
CITY-ST-ZIP			<del></del>		2. 4 CITY-	ST-ZIP	
TITLE	1		IJ	DELETE	3.1 TITLE		Change Additio
NAME	}				3.2 NAME		
STREET ADDRESS					3 3 STREET		
CITY-ST-ZIP TITLE				DELETE	3.4. CITY-1	ST-ZIP	Change Additio
NAME	-		ريا	DEELIE	4.1 TILE 4. 2 NAME		Clouds T unduling
STREET ADDRESS					4.3 STREET	ADDOCCO	
CITY-ST-ZIP					4.4 CITY - S	,	
TITLE	<del> </del>		<del></del>	DELETE	5.1 TITLE	21-4CIF	☐ Change ☐ Additio
NAME					5.2 NAME		Section of the sectio
STREET ADDRESS							
					F .	ADDRESS	
					5.3 STREET		
CITY-ST-ZIP TITLE				DELETE	F .		☐ Change ☐ Additio
				DELETE	5.3 STREET 5.4 CITY-S		Change Additio
TITLE				DELETE	5.3 STREET 5.4 CITY-S 6.1 TITLE	ST - ZIP	Change Additio

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 ennual 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 trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, even an attachment with an address.