

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 # P98000084215

1. Corporation Name
CASEWORKS INTERNATIONAL, INC.

Principal Place of Business
9620 NORTHWEST 26TH COURT
CORAL SPRINGS FL 33065

Mailing Address
9620 NORTHWEST 26TH COURT
CORAL SPRINGS FL 33065

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90134 018 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/30/1998

4. FEI Number
65-0866126

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 5026 HIATUS ROAD

26 5026 HIATUS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 SUNRISE FL

28 SUNRISE FL

Zip

Country

24 33351

25 USA

Zip

Country

29 33351

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, GEORGE M
9620 NORTHWEST 26TH COURT
CORAL SPRINGS FL 33065

81 Name EVANS, GEORGE M
82 Street Address (P.O. Box Number is Not Acceptable)
2100 PONCE DE LEON BLVD. #1040
83
84 City CORAL GABLES FL FL 85 Zip Code 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME PD
STREET ADDRESS ALMAN, NORMAN H
CITY-ST-ZIP 9620 NORTHWEST 26TH COURT
CORAL SPRINGS FL 33065

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME SD
STREET ADDRESS EVANS, GEORGE M
CITY-ST-ZIP 2100 PONCE DE LEON BLVD. SUITE 1040
CORAL GABLES FL 33134

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED
NORMAN ALMAN

3-10-99

Date

Daytime Phone #

CR2E034 (11/98)