

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90005 025 ***150.00

DOCUMENT # S95445 (0)
1. Corporation Name
CASA WRAP HOLDING CORP.

Principal Place of Business
60 CUTTER MILL RD., SUITE 303
GREAT NECK NY 11021

Mailing Address
60 CUTTER MILL RD., SUITE 303
GREAT NECK NY 11021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1991

4. FEI Number

11-3090595

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOULD, FREDRIC H	
STREET ADDRESS	60 CUTLER MILL RD., SUITE 303	
CITY-ST-ZIP	GREAT NECK NY 11021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOULD, JEFFREY	
STREET ADDRESS	% 60 CUTTER MILL RD #303	
CITY-ST-ZIP	GREAT NECK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRINBERG, SIMEON	
STREET ADDRESS	% 60 CUTTER MILL RD #303	
CITY-ST-ZIP	GREAT NECK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GOULD, MATTHEW J.	
STREET ADDRESS	60 CUTTER MILL RD STE	
CITY-ST-ZIP	GREAT NECK NY	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	LUNDY, MARK H	
STREET ADDRESS	60 CUTTER MILL RD. STE. 303	
CITY-ST-ZIP	GREAT NECK NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KAUSH, DAVID	
STREET ADDRESS	60 CURTIER MILL RD. STE. 303	
CITY-ST-ZIP	GREAT NECK NY 11021	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

4-30-99