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**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

(9)

1. Corporation Name

CASSED MANICOVEDING INC.

Principal Place of Business Mailing Address  128 SAXON ST MARCOO ISLAND FL 33937 US  MARCO ISLAND FL 33937 US							
		00			3. Date Incorporated or Qualified 06/29/1992	3a. Date of Last 06/28/1	Report 1 <b>995</b>
	lace of Business	2a. Mailing Address			4. FEI Number 65-0351116		Applied For
Suite, Apt.	#, etc.	<b>26</b>   Suite, Apt. #, etc.		·		¢o.	Not Applicable
2		27			5. Certificate of Status Desired		75 Additional e Required
City & State	e	City & State			6. Election Campaign Financing	\$5.	.00 May Be
<b>3</b> ] <b>Z</b> ip	Country	28	0		Trust Fund Contribution		ded to Fees
4	<b>25</b>	7ip <b>29</b>	Gountry 30		<b>8.</b> This corporation has liability for in Florida Statutes ☐ Yes		s 199.032,
	9. Name and Address of C		1001		10. Name and Address of New Ro		
			81	Name			
	er, ronald s.		82	Street Addr	ress (P.O. Box Number is Not Acceptable	(a)	
	PALM MALL COLUER BLVD.			Oli Cot Alda	eda ( Te. Box Hermoor to Her Accoptain		
	ISLAND FL 33937		83				
maioo	INDIANO I E 00001		84	City		FL 85	Zip Code
	Julio tocopi algorigations	Section 607.0505, Florida Statute	38.				
	Signature, typed or printed name of regions	agert and title if applicable (f	NOTE Registered Agent :	signature required		DATE	
12,	PTS OFFICER	RS AND DIRECTORS	13.	signature required	d wher reinstating)  ADDITIONS/CHANGES TO OFFICE	CERS AND DIREC	
12, TILE	PTS OFFICER GASSER, DANIEL J.	agent and talle it applicable (1) IS AND DIRECTORS  DELETE		signature required			
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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 changing, or on an entachment with an address.

SIGNATURE: \_

4-29-96