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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

**CASA 2000, INC.** 



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V69038

(0)

**FILED** Apr 29 1997 8:00am Secretary of State

Principal Place of Business  8 SARLET BLU  OLDSMAR FL 34877  0.00 BLUS Fisce of Business  2								
CLOS SAMP FL SHET?  CLOS MAR FL SHET?  CLOS MAR FL SHET?  CLOS MAR FL SHET NUMBER  2. Principal Piece of Business  2. Melling Address  2. Melling Address  2. Melling Address  3. Date incorporated or Qualified   3a. Date of Lest Haport   05/01/1996    4. FET Number  5. SO/01/1998  4. FET Number  5. Conflictate of Status Desired   \$8.75 Address   \$9.75 Address   \$9.	Principal Place of Business Mailing Address							
Principal Place of Business			OLDSMAR FL 34677-0021	LDSMAR FL 34677-0021				
Suffe, Apt. #, etc.  Suffe, Ap								Report
Sultio, Apt #, etc.   Sultio   Section	· ·	Place of Business	2a. Mailing Address	2a. Mailing Address		1 11	A	oplied For
City & State   City &	Suite April # ote		· · · · · · · · · · · · · · · · · · ·			59-3144415		
City & State 28    Zip		#, etc.	<u>⊢</u>			5. Certificate of Status Desired	1	
28		.0	1	<u> </u>				
### STREET ADDRESS   25   29   30	23		28	28				
EDENS, JOHNIE R 280 SCARLET BLVD. OLDSMAR FL 34877  82   Street Address (P.O. Box Number is Not Acceptable)  83   City		Country	7 p	<u></u>				
EDENS, JOHNIE R 280 SCARLET BLVD. OLDSMAR FL 34877    82	24	25 29 30		30				
200 SCARLET BLVD. OLDSMAR FL 34877  82 Street Address (P.O. Bex Number is Not Acceptable)  83 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-nemed corporation submits this statement for the pursoes of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. LE D DELETE  12. NAME  12. NAME  12. NAME  280 SCARLET BLVD.  13. SIRETA JORRES  280 SCARLET BLVD.  14. CITY-ST-ZIP  OLDSMAR FL  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. Change Addition  NAME  280 SCARLET BLVD.  15. STREET ADDRESS  CITY-ST-ZIP  16. DELETE  17. ST-ZIP  17. LE DELETE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Addition	FOF		Current Hegistered Agent		I Namo	10. Name and Address of New Rec	istered Agent	
OLDSMAR FL 34877    83					Name			
### City #### City ### City ##				82		ess (P.O. Box Number is Not Acceptable	e)	
11. Pursuant to the provisions of Socions 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. Thereby accept the appointment as registered agent, it am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title agents, care.  OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OFFICERS AND DIRECTORS IN 12. In the street appointment as registered agent signature required when refreshiting)  DELETE  11. THILE  OLD BEETE  11. THILE  OLD	0.00	OWN I C OTOLI		83	<u> </u>			
11. Pursuant to the provisions of Socions 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. Thereby accept the appointment as registered agent, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title it applys, size.  OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  OFFICERS AND DIRECTORS IN 12.  I SIRELI ADDRESS  CITY-ST-2PP  OLDSMAR FL  OLDS								
Agent, tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE    Signature, typed or printed name of registered agent and the display.ctr.   (NOTE Registered Agent signature required when reinstalling)   DATE	ĺ				1 '			
Signature. Typed on printed nature of registered agent and the it implies control (NOTE Registered Agent argents recognized when reinsiniting)  12. OFFICERS AND DIRECTORS IN 12  TITLE D DELETE 1.1 TITLE D STREET ADDRESS CITY-S1-ZIP  TITLE DELETE 1.2 NAME STREET ADDRESS CITY-S1-ZIP  TITLE DELETE 1.3 TITLE DELETE 3.1 TITLE DELETE	r office or r	registered agent, or both, in the	: State of Florida. Such change was	authorized b	v the corporat	oration submits this statement for the pi ion's board of directors. I hereby accep	rpose of changing the appointment a	its registered registered
18.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE							
TITLE   D		<del></del>			gent signature requir			DS IN 12
STREET ADDRESS   CITY-ST-ZIP		· A				ADDITIONO OF ANGLOTO OF TO		
CITY-S1-7IP         OLOSMAR FL         1.4 CITY-S1-7IP           TITLE         DELETE         2.1 TITLE         Change         Addition           NAME         2.2 NAME         CITY-S1-7IP         CTY-S1-7IP         CTY-S1-7IP <th>NAME</th> <th>EDENS, JOHNIE R</th> <th></th> <th>1.2 NAME</th> <th></th> <th></th> <th>_ •</th> <th></th>	NAME	EDENS, JOHNIE R		1.2 NAME			_ •	
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CITY-ST-ZIP	1							
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CITY-ST-ZIP 6.4 CITY-ST-ZIP								

I do hereby certify that the information supplied with this filling 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 eath; 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 changes, of the receiver of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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