PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000011605

1. Corporation Name

CASSTIA ENTERPRISES, INC.

Principal Place of Business 1202 BUCHANAN ST

Mailing Address

1202 BUCHANAN ST

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

03-17-1999 90050 024 ***150.00



HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/03/1997 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 65-0722597 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Country 8. This corporation owes the current year Intangible ΠNo Personal Property Tax. Yes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PAPA, STEPHEN E Street Address (P.O. Box Number is Not Acceptable) 1202 BUCHANAN ST HOLLYWOOD FL 33019 83 84 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 a obligations of, Section 607.0505, Florida Statutes. SIGNATURE types or printed name of legistered agent and title if applicat (NOTE: Registered Agent signature required whe ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. PD DELETE ☐ Change 1.1 TITLE TITLE PAPA, STEPHEN E 1.2 NAME NAME 1202 BUCHANAN ST 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33019 1.4 CITY+ST-ZIP CITY-ST-ZIP TREASURER / DIRECTOR Addition DELETE ☐ Change 2.1 TITLE Director TITLE ROBERT LEONE 5871 LEEDS STOLET 2.2 NAME NAME Aldo A. Leone 2.3 STREET ADDRESS STREET ADDRESS 1206 Buchanan Street DAVIE, FL. 33331 Hollywood, FL 2.4 CITY-ST-ZIF CITY-ST-ZIP SECRETARY/DIMETON ALDO A. LEONE Change X Addition ☐ DELETE 3.1 TITLE Director TITLE 3.2 NAME Robert Leone 1206 BUCHANAN ST NAME 5871 Leeds Lane STREET ADDRESS HOLLYWOOD, FL 33019 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Davie. FL 33331 ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE **6.2 NAME** NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

CR2E034 (11/98)