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FILED  
Mar 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 280908

(5)

1. Corporation Name

MIKE CASTELLANI, INC.



Principal Place of Business

747 S. RAINBOW DRIVE  
HOLLYWOOD FL 33021

Mailing Address

747 S. RAINBOW DRIVE  
HOLLYWOOD FL 33021-7517

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

04/28/1964

3a. Date of Last Report

04/12/1996

4. FLL Number

59-1039041

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 has liability for intangible tax under s. 193.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CASTELLANI, MARIO  
747 S. RAINBOW DRIVE  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                      |        |
|-----------------|----------------------|--------|
| TITLE           | P                    | DELETE |
| NAME            | CASTELLANI, MARIO    |        |
| STREET ADDRESS  | 747 S. RAINBOW DRIVE |        |
| CITY - ST - ZIP | HOLLYWOOD FL 33021   |        |
| TITLE           | S/T                  | DELETE |
| NAME            | CASTELLANI, ELDA     |        |
| STREET ADDRESS  | 747 S. RAINBOW DRIVE |        |
| CITY - ST - ZIP | HOLLYWOOD FL 33021   |        |
| TITLE           | VP                   | DELETE |
| NAME            | CASTELLANI, H.R.     |        |
| STREET ADDRESS  | 5100 ULMERTON RD     |        |
| CITY - ST - ZIP | CLEARWATER FL 34620  |        |
| TITLE           |                      | DELETE |
| NAME            |                      |        |
| STREET ADDRESS  |                      |        |
| CITY - ST - ZIP |                      |        |
| TITLE           |                      | DELETE |
| NAME            |                      |        |
| STREET ADDRESS  |                      |        |
| CITY - ST - ZIP |                      |        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |        |          |
|--------------------|--------|----------|
| 11 TITLE           | Change | Addition |
| 12 NAME            |        |          |
| 13 STREET ADDRESS  |        |          |
| 14 CITY - ST - ZIP |        |          |
| 21 TITLE           | Change | Addition |
| 22 NAME            |        |          |
| 23 STREET ADDRESS  |        |          |
| 24 CITY - ST - ZIP |        |          |
| 31 TITLE           | Change | Addition |
| 32 NAME            |        |          |
| 33 STREET ADDRESS  |        |          |
| 34 CITY - ST - ZIP |        |          |
| 41 TITLE           | Change | Addition |
| 42 NAME            |        |          |
| 43 STREET ADDRESS  |        |          |
| 44 CITY - ST - ZIP |        |          |
| 51 TITLE           | Change | Addition |
| 52 NAME            |        |          |
| 53 STREET ADDRESS  |        |          |
| 54 CITY - ST - ZIP |        |          |
| 61 TITLE           | Change | Addition |
| 62 NAME            |        |          |
| 63 STREET ADDRESS  |        |          |
| 64 CITY - ST - ZIP |        |          |

14. I do 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.

CR2E034 (9/96)