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**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

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DOCUMENT # 593980

(6)

1. Corporation Name

CASTAWAY COVE, INC.

Principal Place of Business

**756 BEACHLAND BLVD
VERO BEACH FL 32963**

Mailing Address

**756 BEACHLAND BLVD
VERO BEACH FL 32963**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/21/1978	3a. Date of Last Report 03/08/1994
4. FEI Number 59-1872044	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. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**COLLINS, JR., GEORGE R.
756 BEACHLAND BLVD
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO- OUGHTRED, G.F.	1.1 TITLE	P/D OUGHTRED, JOAN ☒ Change ☐ Addition
NAME	1000 DUNDAS STREET WEST	1.2 NAME	1900 DUNDAS STREET, WEST, SUITE 245
STREET ADDRESS	MISSISSAUGA, ONT.	1.3 STREET ADDRESS	MISSISSAUGA, ONTARIO, CANADA L5K 1P9
CITY, ST, ZIP	MISSISSAUGA, ONT.	1.4 CITY, ST, ZIP	MISSISSAUGA, ONTARIO, CANADA L5K 1P9
TITLE	OTD- OUGHTRED, WILLIAM E.	2.1 TITLE	S/D STEVEN D. LEAVENS ☒ Change ☐ Addition
NAME	1000 DUNDAS STREET WEST	2.2 NAME	41 PLATYER BLVD
STREET ADDRESS	MISSISSAUGA ON	2.3 STREET ADDRESS	TORONTO, ONTARIO, CANADA
CITY, ST, ZIP	MISSISSAUGA ON	2.4 CITY, ST, ZIP	MARKHAM
TITLE	VPD OUGHTRED, RICHARD W.	3.1 TITLE	
NAME	1000 DUNDAS STREET WEST	3.2 NAME	
STREET ADDRESS	MISSISSAUGA ON	3.3 STREET ADDRESS	
CITY, ST, ZIP	MISSISSAUGA ON	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(b)(4), Florida Statutes. I further certify that the information included 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 addition.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

JOAN OUGHTRED -- PRESIDENT

March 2, 1995 - 1-905-271-9808