FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:19

DOCUMENT # **F13416** **(5)**

1. Corporation Name
CASTLRAMA CORP.

Principal Place of Business	Mailing Address
10770 PINE TREE TERR. BOYNTON BCH. FL 33436 US	C/O LLOYD & CO CPA INC P. O. BOX 849 JAMESTOWN NY 14702-0849 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/31/1960	3a. Date of Last Report: 03/11/1994
4. FEI Number: 58-1443948	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BEST, MAUREEN ANN
10793 SANTA LAGUNA DR
BOCA RATON 33428

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MARTIN, JOHN L.	12 NAME	
STREET ADDRESS	10770 PINE TREE TERRACE	13 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	MARTIN, EUNICE S.	22 NAME	
STREET ADDRESS	10770 PINE TREE TERRACE	23 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	MARTIN, JOHN L. JR.	32 NAME	
STREET ADDRESS	WELLINGTON COURT W.E.	33 STREET ADDRESS	
CITY-ST-ZIP	JAMESTOWN NY	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	BEST, MAUREEN A.	42 NAME	
STREET ADDRESS	10793 SANTA LAGUNA DR	43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	AS JANET WARNER
STREET ADDRESS		53 STREET ADDRESS	901 ALLEN STREET
CITY-ST-ZIP		54 CITY-ST-ZIP	FALCONER, NY 14733
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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.

SIGNATURE: James M Warner JANET M. WARNER 3-28-95 (716) 665-4120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0484472 FN