

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F13416 (5)

1. Corporation Name

CASTLRAMA CORP.

Principal Place of Business

10770 PINE TREE TERR
BOYNTON BCH. FL 33436
US

Mailing Address

C/O LLOYD & CO CPA INC
P. O. BOX 849
JAMESTOWN NY 14702-0849
US

2. Principal Place of Business

2a. Mailing Address

c/o C.M. Culhane

State, Apt. #, etc.

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9. Name and Address of Current Registered Agent

BEST, MAUREEN ANN
10793 SANTA LAGUNA DR
BOCA RATON 33428

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 of the person making this statement (See the instructions)

Signature of the person making this statement (See the instructions)

Signature

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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CITY-STATE-ZIP

TITLE

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 119.02(3)(k), 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:

Janet M. WARNER 3/15/96 (716) 665-4120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)