FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State
03-10-1999 90112 010 ***150.00

DOCUMENT # F13416

1. Corporation Name

CASTLRAMA CORP.

Principal Place of Business	Mailing Address
10770 PINE TREE TERR. BOYNTON BCH. FL 33436 US	C/O C.M. CULHANE P. O. BOX 849 JAMESTOWN NY 14702-0849 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
12/31/1980

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **58-1443948**	Applied For / Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New 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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **P** ☐ DELETE NAME **MARTIN, JOHN L.** STREET ADDRESS **10770 PINE TREE TERRACE** CITY-ST-ZIP **BOYNTON BEACH FL**	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE **VP** ☐ DELETE NAME **MARTIN, EUNICE S.** STREET ADDRESS **10770 PINE TREE TERRACE** CITY-ST-ZIP **BOYNTON BEACH FL**	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE **VP** ☐ DELETE NAME **MARTIN, JOHN L. JR.** STREET ADDRESS **WELLINGTON COURT W.E.** CITY-ST-ZIP **JAMESTOWN NY**	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE **S** ☐ DELETE NAME **BEST, MAUREEN A.** STREET ADDRESS **10793 SANTA LAGUNA DR** CITY-ST-ZIP **BOCA RATON FL**	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE **AS** ☐ DELETE NAME **WARNER, JANET** STREET ADDRESS **901 ALLEN STREET** CITY-ST-ZIP **FALCONER NY**	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change	☐ Addition

CR2E034 (11/98)

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.

SIGNATURE: _Janet M Warner_ JANET M. WARNER 3/1/99 (716)665-4120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #