

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

FILED

Apr 10 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 # **K54089** (3)

1. Corporation Name:
CASTLEMAIN, INC.



| | |
|---|---|
| Principal Place of Business 2550 EISENHOWER BLVD SUITE 308 FT. LAUDERDALE FL 33316 US | Mailing Address P.O. BOX 185465 FT. LAUDERDALE FL 33316-5465 US |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/20/1988 | 3a. Date of Last Report 04/25/1996 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 2217 Wilton Drive |
|---|---|

| | |
|------------------------------------|--|
| 4. FEI Number 65-0092460 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|----------------------------------|---|
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 Suite One |
|----------------------------------|---|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

| | |
|---------------------------|--|
| City & State 23 | City & State 28 Wilton Manors, FL |
|---------------------------|--|

| | |
|---|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|------------------------------------|

| | | | |
|------------------|----------------------|-------------------------------|---------------------------------|
| Zip 24 | Country 25 | Zip 29 33305 | Country 30 USA |
|------------------|----------------------|-------------------------------|---------------------------------|

| |
|--|
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARGENT, KENNETH
1218 S.W. 21ST COURT
FT. LAUDERDALE FL 33315**

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARGENT, KENNETH | 1.2 NAME | |
| STREET ADDRESS | 1218 S.W. 21ST CT. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 1.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARGENT, LINDA B. | 2.2 NAME | |
| STREET ADDRESS | 1218 S.W. 21ST CT. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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:

Kenneth Argent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Argent

7 Apr 97 954-760-4730

Date

Daytime Phone #

0274874

CR2E034 (9/96)