

4-30-97 H5932 NL
FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N45294 (8)

1. Corporation Name

CASTELLO PROFESSIONAL CENTER, INC.

Principal Place of Business

Mailing Address

1044 CASTELLO DRIVE
NAPLES FL 33940

1044 CASTELLO DRIVE
NAPLES FL 34103-8901



3. Date Incorporated or Qualified

09/24/1991

3a. Date of Last Report

03/29/1996

4. FEI Number

65-0296910

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOUTHWEST PROPERTY MANAGEMENT CORP
1044 CASTELLO DRIVE
SUITE 206
NAPLES FL 33940

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 617.0502 and 617.1508, 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 617.0503, 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 PD
NAME BECKWITH, SKIP
STREET ADDRESS 1044 CASTELLO DR #211
CITY-ST-ZIP NAPLES FL

DELETE

TITLE VPD
NAME FRANK, DONALD T.
STREET ADDRESS 1044 CASTELLO DRIVE #101
CITY-ST-ZIP NAPLES FL

DELETE

TITLE TD
NAME STAHNKE, RONALD
STREET ADDRESS 1044 CASTELLO DR #201
CITY-ST-ZIP NAPLES FL

DELETE

TITLE ASD
NAME WILLIAMS, STEPHEN E.
STREET ADDRESS 1044 CASTELLO DR #206
CITY-ST-ZIP NAPLES FL

DELETE

TITLE D
NAME LINTZENICH, DONALD
STREET ADDRESS 1044 CASTELLO DRIVE #109
CITY-ST-ZIP NAPLES FL

DELETE

TITLE SD
NAME WILLIAMS, HAROLD E
STREET ADDRESS 1044 CASTELLO DRIVE #206
CITY-ST-ZIP NAPLES FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

Harold E. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-97

Date

Daytime Phone # 0068937

CR2E037 (9/96)