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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

<b>DOCUMENT</b>	#
<ol> <li>Corporation Name</li> </ol>	

P37240

(9)

CASTAWAYS, INC.

CASTA	AWAYS, INC.									
Principal Place	of Business	Mailing Address					I FOR DIVIN	IBII BHAIL BH	## BIBII <b>GIB</b> II IBBI	
2910 NORTH ORANGE AVE. ORLANDO FL 32804		2910 NORTH ORANGE AVE. ORLANDO FL 32804								
						3. Date Incorporated or Qualified 01/27/1992		of Last R 05/01/19		
2. Principal Place of Business 21		2a. Mailing Address 26	—- <sub>1</sub>			4. FEI Number Applied For 58-1702340 Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees					
Zip	Country	Žip	Coun	try		B. This corporation has liability for it		ıx under s	199.032,	
24	25	29	30			Florida Statutes				
	9. Name and Address of Curren	t Hegistered Agent		31	Name	10. Name and Address of New R	egistered	Agent		
10111			ſ	]						
ASMA, WILLIAM N. 886 SOUTH DILLARD ST.			L	32	Street Addre	dress (P.O. Box Number is Not Acceptable)				
ORLAN	DO FL 34787		18	33						
			1	34	City		FL	<b>85</b> Zi	ip Code	
or registers	o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric n, and accept the obligations of, Secti	la. Such change was authoriz	ed by the co	e-n	amed corpora oration's boar	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of cha	anging its registered	registered office d agent. I am	
SIGNATURE .	Signature, typed or privace name of registered agent	man tetra d'avante delle (MC)	The December of A		t signature requirei.	Ludius mand threat				
12.	OFFICERS AND		13.		. Signature requirer	ADDITIONS/CHANGES TO OFF		DIRECTO	ORS IN 12	
TITLE	DC	☐ DELETE	1. 1 TH	LE			ĺ	Change	☐ Addit∙on	
NAME	HERZOG, RICHARD B.		1.2 NAN	ΛĒ						
STREET ADDRESS	2910 NO. ORANGE AVE.		13SIR	££1	ADDRESS					
CITY-ST-ZIP	ORLANDO FL		1.4.0(1)	r - S	1 ZIF					
TITLE	DVC	DELETE	2 1 1(1)	l l			Į	Change	Addition	
NAME	SCHNEIDER, JEAN B.		2.2 NAV							
STREET ADDRESS	2910 NO. ORANGE AVE.			2.3 STREET ADDRESS						
CITY ST ZIP	ORLANDO FL	☐ DELETE	2.4 0/11		T ZIP			Change	Addition	
TITLE	P COUNTRIES ITAM O		3 1 7:17		ļ		i	Change	☐ Audition	
NAME	SCHNEIDER, JEAN B. 2910 NO. ORANGE AVE.	SCHNEIDER, JEAN B.			. ACROCOS					
STREET ADDRESS	ORLANDO FL				ADDRESS					
CITY - ST - ZIP TITLE	ST	☐ DELETE	3.4 CIT		211,			Change	Addition	
NAME	HERZOG, RICHARD B.		4.2 NAM		Ì					
STREET ADDRESS	2910 NO. ORANGE AVE.				AODRESS					
CITY-ST-ZIP	ORLANDO FL		4.4 CIT							
TITLE	OID TIDO I E	DELETE	5 1 TIT					Change	Addition	
NAME		<del></del>	5.2 NA1				`			
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			5.4 CiT						1	
TITLE		DELETE	6 1 111					Change	☐ Addition	
NAME			6.2 NAM	ME						
STREET ADDRESS			6.3 STR	REFT	ADDRESS					
OUT OF THE			C 4 0/T		7 7.0					

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)(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: 🏑

CONTROL OF THE PRINTED HAME OF STATES OF DIRECTOR RICHARD B. HERZOG

3-16-96 407-894-4320

CR2E034 (12/95)