

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

FILED
May 08 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P37240 (9)
1. Corporation Name
CASTAWAYS, INC.



Principal Place of Business: 2910 NORTH ORANGE AVE. ORLANDO FL 32804
Mailing Address: 2910 NORTH ORANGE AVE. ORLANDO FL 32804-4628

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/27/1992	03/19/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		58-1702340	Not Applicable
24 Country		30 Country		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	<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			
ASMA, WILLIAM N. 886 SOUTH DILLARD ST. ORLANDO FL 34787				61	Name		
				62	Street Address (P.O. Box Number is Not Acceptable)		
				63			
				64	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HERZOG, RICHARD B.			12 NAME			
STREET ADDRESS	2910 NO. ORANGE AVE.			13 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			14 CITY-ST-ZIP			
TITLE	DVC	<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCHNEIDER, JEAN B.			22 NAME			
STREET ADDRESS	2910 NO. ORANGE AVE.			23 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			24 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCHNEIDER, JEAN B.			32 NAME			
STREET ADDRESS	2910 NO. ORANGE AVE.			33 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			34 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HERZOG, RICHARD B.			42 NAME			
STREET ADDRESS	2910 NO. ORANGE AVE.			43 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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 or 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: *[Signature]* x 5-1-97 x 2407/894-4320

CR2E034 (9/96)