

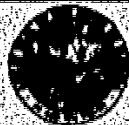
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P92000005789 (2)

1. Corporation Name

CASTILLA AMERICUS, INC.

Principal Place of Business

**11 LETHINGTON RD.
PALM BEACH GARDENS FL 33418**

Mailing Address

**11 LETHINGTON RD.
PALM BEACH GARDENS FL 33418**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/18/1992

3a. Date of Last Report

04/18/1994

4. FEI Number

65-0374648

5. Applied For

Not Applicable

6. 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 190.032,
Florida Statutes**

☒

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**WITKOWSKI, RONALD
12788 WEST FOREST HILL BLVD.
SUITE 1002
WEST PALM BEACH FL 33414**

10. Name and Address of New Registered Agent

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 signatures required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**TITLE DP
NAME SPARKS, CHARLES T
STREET ADDRESS 11 LETHINGTON RD.
CITY-ST-ZIP PALM BEACH GARDENS FL 33418**

**TITLE DV
NAME SPARKS, CAROLYN C
STREET ADDRESS 11 LETHINGTON RD.
CITY-ST-ZIP PALM BEACH GARDENS FL 33418**

**TITLE VS
NAME SPARKS, RYAN J
STREET ADDRESS 11 LETHINGTON RD.
CITY-ST-ZIP PALM BEACH GARDENS FL 33418**

**TITLE T
NAME SPARKS, DANIELLE S
STREET ADDRESS 238 N.E. 70 ST.
CITY-ST-ZIP BOCA RATON FL**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

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

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

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

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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

3/20/95

407-775-9000