FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000015052 (2)

1. Corporation Name

CASTLE & COURT, INC.

Principal Place of Business	Mailing Address
2 Grove Isle Drive Coconut Grove, FL 33133	2 Grove Isle Drive Coconut Grove, FL 33133

200001481732
-05/09/95--01149--010
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1993
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2 Grove Isle Drive	25 2 Grove Isle Drive
Suite, Apt #, etc 22 #B-405	Suite, Apt #, etc 27 #B-405
City & State 23 Coconut Grove, FL	City & State 28 Coconut Grove, FL
Zip / Country 24 33133 / 25 DADE	Zip / Country 29 33133 / 30 DADE

4. FEI Number: 65-0396382 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CINDI MUFSON 2 Grove Isle Drive #B-405 Coconut Grove, Fl 33133	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: Cindi Mufson — APRIL 28, 1995
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	D	11 TITLE ☐ Change ☐ Addition
NAME	CINDI MUFSON	12 NAME
STREET ADDRESS	2 Grove Isle Drive	13 STREET ADDRESS
CITY ST ZIP	CoconutGrove, FL 33133	14 CITY ST ZIP
TITLE		21 TITLE ☐ Change ☐ Addition
NAME		22 NAME
STREET ADDRESS		23 STREET ADDRESS
CITY ST ZIP		24 CITY ST ZIP
TITLE		31 TITLE ☐ Change ☐ Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY ST ZIP		34 CITY ST ZIP
TITLE		41 TITLE ☐ Change ☐ Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY ST ZIP		44 CITY ST ZIP
TITLE		51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY ST ZIP		54 CITY ST ZIP
TITLE		61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY ST ZIP	T.S. 5/8/95	64 CITY ST ZIP

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******0.75 ******0.75

14. I/we 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)(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 (changed/or) an attachment with an address.

SIGNATURE: Cindi Mufson CINDI MUFSON 4/28/95 305-856-4287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #