FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$ 0.00 May 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT F STATE CORPORATION Sandra B. Mor Secretary of State ANNUAL REPORT Secretary of St DIVISION OF CORPO TIONS 1998 DOCUMENT # P93000018152 (7) CASTLES BY THE SEA. INC. Principal Place of Business Mailing Address 258 S OCEAN BLVD 258 S OCEAN BLVD MANALAPAN FL 33462 MANALAPAN FL 33462 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/10/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 26 65-0389380 Not Applicable Suite Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name RHOTEN, DAVID L 204 S OCEAN BLVD Street Address (P.O. Box Number is Not Acceptable) MANALAPAN FL 33462 83 84 City 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 agonit and title if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE NAME RHOTEN, DAVID L. 1.2 NAME 258 S OCEAN BLVD STREET ADDRESS 1.3 STREET ADDRESS MANALAPAN FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE LENNEN, RONALD B 22 NAME NAME 930 INDIGO POINT 2.3 STREET ADDRESS STREET ADDRESS **GULF STREAM FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE RHOTEN, DAVID L. I NAME 3.2 NAME 258 S. OCEAN BLVD. 3.3 STREET ADDRESS STREET ADDRESS MANALAPAN FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME LENNEN, RONALD B 4. 2 NAME 930 INDIGO POINT 4.3 STREET ADDRESS STREET ADDRESS **GULF STREAM FL** 4.4 CITY+ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 supplier or that the information indicated on this annual report or supplier or that I am an officer or director of the corporation or the roceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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CITY-ST-ZIP

Block 12 or Block 13 if cha

SIGNATURE:

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