CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

ANU
FILED

95 MAY -1 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
The DeCastri Corporation

DOCUMENT #
P93000067468

Mailing Address
5536 14th Rd.
Lake Worth, Fl 33467

Principal Place of Business
5536 14th Rd
Lake Worth, Fl 33467

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9-28-93
3a. Date of Last Report: 4-27-94

2. Mailing Address
21 5536 14th Rd
22 Suite, Apt. #, etc.
23 City & State: Lake Worth Fl
24 Zip: 33467 Country: 25

2a. Principal Place of Business
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip: Country: 30

4. FEI Number: 65-0440717
Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired $8.75 ☐

6. Election Campaign Financing Trust Fund Contribution ☐
$5.00 May Be Added to Fees

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: T. W. DeCastri, JR
82 Street Address (P.O. Box Number is Not Acceptable): 5536 14th Rd
83
84 City: Lake Worth FL 85 Zip Code: 33467

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 and am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

X SIGNATURE: T. W. DeCastri DATE: 4-29-95
(Registered Agent Accepting Appointment) (NAME - Registered Agent Legibly required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE		11 TITLE	
12 NAME	Ted DeCastri	12 NAME	
13 STREET ADDRESS	5536 14th Rd	13 STREET ADDRESS	
14 CITY-ST-ZIP	Lake Worth, Fl 33467	14 CITY-ST-ZIP	
21 TITLE		21 TITLE	
22 NAME	Nanette DeCastri	22 NAME	
23 STREET ADDRESS	5536 14th Rd	23 STREET ADDRESS	
24 CITY-ST-ZIP	Lake Worth, Fl 33467	24 CITY-ST-ZIP	100001490141
31 TITLE		31 TITLE	-05/17/95--01027--010
32 NAME		32 NAME	****200.00 ****200.00
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

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 release the Division of Corporations from any liability of non-compliancy with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X T. W. DeCastri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-95 (407) 965-1639
Date (Daytime Phone #)