FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 5-1-96 P-6684

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

DOCUMENT # **P93000067468 (7)**

1. Corporation Name

THE DECASTRI CORPORATION

Principal Place of Business	Mailing Address
5536 1ST ROAD LAKE WORTH FL 33467	5536 1ST ROAD LAKE WORTH FL 33467

3. Date Incorporated or Qualified: 09/28/1993

3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0440717 ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1824 Indian Road	26 1824 Indian Road
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 Lake Clarke Shores, FL	28 Lake Clarke Shores, FL
24 Zip 33406 / 25 Country USA	29 Zip 33406 / 30 Country USA

9. Name and Address of Current Registered Agent

DECASTRI JR., T.W.
5536 1ST ROAD
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name: Nanette DeCastri
82 Street Address (P.O. Box Number is Not Acceptable): 1824 Indian Road
83
84 City: Lake Clarke Shores, FL 85 Zip Code: 33406

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: Nanette DeCastri — Nanette DeCastri — 5-1-96
Signature, typed or printed name of registered agent (Date) (Registered Agent signature required for reinstatement)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DECASTRI, TED 5536 1ST ROAD LAKE WORTH FL 33467	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P-S Ted DeCastri 1824 Indian Road Lake Clarke Shores, FL 33406	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DECASTRI, NANETTE 5536 1ST ROAD LAKE WORTH FL 33467	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V Nanette DeCastri 1824 Indian Road Lake Clarke Shores, FL 33406	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ 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 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 if changed, or on an attachment with an address.

SIGNATURE: Nanette DeCastri — Nanette DeCastri — 5-1-96 — (407) 965-1639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)