FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P94000044579 (8) DOCUMENT # CASTERS, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

3610 N PALAFOX ST PENSACOLA FL 32505 3610 N PALAFOX ST PENSACOLA FL 32505

FILED Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/10/1994

59-3250196

5. Certificate of Status Desired

4. FEI Number

City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City City			[27]		_		Fee Aequited			
Zip Country Zip Country Zip Country Zip Country Zip Country Zip Sign	<u></u>					•				
Section Property Tax due June 30 Ves No	23						Trust Fund Contribution Added to Fees			
9. Name and Address of Current Registered Agent GLOVER, ROBERT GS10 N PALAFOX ST PENSACOLA FL 25:05 83 84 City FL 85 Zip Code 11. Pursuant to the provisionyof Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or egisterized agent. I amount of the purpose of provided statutes of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered gent. I amount of the purpose of changing its registered office or elegating the provision of the purpose of provided statutes. SIGNATURE Supervised provided from a registered agent. I amount of the purpose of changing its registered search. I amount of the purpose of the purpose of the purpose of t		— ·	— ·	———	untry					
GLOVER, ROBERT G 3610 N PALAFOX ST PENSACOLA FL 32505 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 11. Pursuant to the provision your Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. 1 am Englistered Appears and English with a provision your purpose of changing its registered agent. 1 am English with a provision your purpose of changing its registered agent. 1 am English with a provision of the State of Provids. Statutes. SIGNATURE Submits Appear of visional form of registered agent agent and interpolations of Septime 1007/505. Englished Agent septime required when internating to DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. INTER CLOVER, ROBERT 12. NAME 12. NAME 13. MET ADDRESS 5003 SKYLARK CT PENSACOLA FL 14. TITLE 15. INTER 16. Change Addition 16. Addition 17. ST. 2P 18. TITLE 19. Change Addition 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. Change Addition 19. Addition 29. NAME 29. NAME 29. NAME 30. STREET ADDRESS 50. ACITY-ST-2P 19. Change Addition 19. Change Addition 19. Change Addition 19. Change Addition 29. NAME 29. NAME 29. NAME 29. NAME 29. NAME 30. STREET ADDRESS 40. STREET ADDRE	24	1==1		30						
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State City FL State					82 Street Address (P.O. Box Number is Not Acceptable)					
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 agent. I am fortilly without agent agent or both, in the State of Florida, Such change was subridized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fortilly without provided on the purpose of changing its registered agent. I am fortilly without provided agent. I am fortilly without provided when refreshere) SIGNATURE SIGNATURE	PENSACOLA FL 32505									
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SIGNATURE	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									
SIGNATURE	office of registers degrey, or the state of Florida. Suction 607,0005, Elogida Statutes.									
12	Vellet Marie Williams De La Carlos									
TITLE										
NAME STREET ADDRESS 12 NAME 13 STREET ADDRESS 14 CHTV-ST-ZIP	12.	OFFICERS								
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CITY-ST-ZIP 6.4 CITY-ST-ZIP		!				ADDRESS				
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	14. I hereby o	certify that the information supplied	d with this filing does not au	alify for the ex	empti	on state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information			

various provisions and accordant that my signature shall have the shall regardened as interesting the interest when the shall regard the end of the shall regard the shall regar officer or director of the corporation
Block 12 or Block 13 if changes or

Applied For

\$8.75 Additional

Not Applicable