

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 05, 1999 8:00 am**  
**Secretary of State**

08-05-1999 90005 024 \*\*\*150.00

DOCUMENT # **P94000062311**

1. Corporation Name  
**FLASHWORKS, INC.**

Principal Place of Business

1407 MINK DR  
APOPKA FL 32703  
US

Mailing Address

P O BOX 3045  
APOPKA FL 32703-3045  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/22/1994**

4. FEI Number

**59-3259427**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 **1407 Mink Drive**

27 Suite, Apt. #, etc.

28 City & State

**Apopka, Florida**

29 Zip

**32703**

30 Country

**Orange**

9. Name and Address of Current Registered Agent

**DASTIGLIONE, DIANE E**  
**1407 MINK DRIVE**  
**APOPKA FL 32703**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **CASTIGLIONE, MICHAEL J**

STREET ADDRESS **1407 MINK DRIVE**

CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** ☐ DELETE

NAME **CASTIGLIONE, DIANE E**

STREET ADDRESS **1407 MINK DRIVE**

CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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: **Diane Castiglione**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-30-99**  
Date

**407-886-4868**  
Daytime Phone #

CR2E034 (5/99)

P94000062311  
601401-90005-24

From: Flash-Works, Inc.  
Diane Castiglione  
1407 Mink Drive  
Apopka, FL 32703  
1-407-886-4868

To: Florida Dept of State  
Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To whom it may concern:

Please find the enclosed check for \$150.00 for the renewal of the corporation annual report. I never received a first notice packet for filing earlier this year.

I am therefore asking that you accept the amount of \$150.00 for the annual report fee.

Please feel free to call me if you have any further questions at (1-407-886-4868).

Sincerely,

*Diane E. Castiglione*

Diane Castiglione  
Director  
Flash-Works, Inc.