## 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

DOCUMENT # P9400084721 (7)

4 L =

FILED
Jan 29 1998 8:00am
Secretary of State

1. Corporation	on Name CASTLE I		0004121 (1)				
Principal Plac	ce of Busine		Mailing Address				
'		33	<del>*</del>				
100 CAPE SABAL DR 100 CAPE SABAL DR NAPLES FL 33942 34104							
	•		- 27/	- F		DO NOT WRITE IN TI	HIS SPACE
						3. Date Incorporated or Qualified	
2. Principal Place of Business   2a. Mailing Add					<del></del>	11/21/1994 4. FEI Number	Applied For
21			26			65-0534788	Not Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.		,	5. Certificate of Status Desired	\$8.75 Additional
22 City & Cha			27				Fee Required
City & State	le		City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be
	11	Country	Zip	Count	TV	Trust Fund Contribution	Added to Fees
24 34	104	25		30	., ,	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	Yes No
		and Address of Curren				10. Name and Address of New Register	
	RICKLER, .			8	1 Name		
527 IBIS WAY				8	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
NAPLES FL <del>80942 -</del> 34110							
İ				8	3		
				8	4 City		85 Zip Code
11. Pursuant	to the provis	ions of Sections 607,050	2 and 607.1508, Florida Statutes	s, the abo	ve-named corp	poration submits this statement for the purpos	se of changing its registered
agent. I a	registered aq ım familiar w	gent, or both, in the State lth, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flor	uthorized i ida Statut	by the corporation	poration submits this statement for the purposition's board of directors. I hereby accept the	appointment as registered
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE.)					gent signature requi	red when reinstating) DAT	
12.	DPST	OFFICERS AND	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12  Change
NAME		LER, JUDITH A.	BEELIE	1.2 NAM	ţ		T cultinge T Adminois
STREET ADDRESS	527 IBIS			1	T ADDRESS		
CITY-ST-ZIP	NAPLES			1.4 CITY	ı i		
TITLE	٧		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	STRICK	LER, DAYNA M.		2.2 NAME	:		_ • _
STREET ADDRESS	527 IBIS	_		2.3 STRE	T ADDRESS		
CITY-ST-ZIP	NAPLES	FL 34110		2. 4 C/Y	-ST-ZIP		
TITLE			DELETE OELETE	3.1 TITLE			Change Addition
NAME				3.2 NAME			
STREET ADDRESS				1	T ADDRESS		
CITY-ST-ZIP TITLE			DELETE	3.4. CITY	-ST-ZIP		
NAME				4.1 TITLE 4.2 NAM	.		Change Addition
STREET ADDRESS							
CITY-ST-ZIP				4.4 CITY-	T ADDRESS		
TITLE			DELETE	5.1 TITLE			Change Addition
NAME			_	5.2 NAME	ļ.		
STREET ADDRESS				T .	T ADDRESS		ł
CITY-ST-ZIP				5.4 CITY-			
TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME Ì				6.2 NAME			
STREET ADDRESS				6.3 STREE	T ADDRESS		

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: O. ... STORY THE GUETH ID. Storkley 1123198