CORPORATION ANNUAL REPORT 1997

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

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # P94000091261 (5)

1. Corporation Name

CASTELAIN INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
800 Harbour Drive	800 Harbour Drive
SUITE 1	SUITE 1
NAPLES FL 34103	NAPLES FL 34103

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/19/1994
3a. Date of Last Report: 4/29/96
4. FEI Number: 65-0545290 — Applied / 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 Fee
8. This corporation has liability for intangible tax under S. 199.0… Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business / 2a. Mailing Address
Suite, Apt. #, etc. / Suite, Apt. #, etc.
City & State / City & State
Zip / Country / Zip / Country

9. Name and Address of Current Registered Agent

CASTELAIN, PAMELA B
800 Harbour Drive
SUITE 1
NAPLES FL 34103

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

11. Pursuant to … of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered … or registered … in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent … familiar w… the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ____ (signature or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	CASTELAIN, PAMELA B
STREET ADDRESS	800 Harbour Drive, Suite 1
CITY-ST-ZIP	NAPLES FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE		☐ Change ☐
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐
5.2 NAME		
5.3 STREET ADDRESS	5/6/97	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐
6.2 NAME	400002177714	
6.3 STREET ADDRESS	-05/14/97--01005--021	
6.4 CITY-ST-ZIP	***165.00	

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 1… 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: Pamela B Castelain — 4/30/97 — (941) 263-0026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #