

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90013 016 \*\*\*158.75

DOCUMENT # P94000091261

1. Corporation Name  
CASTELAIN INTERNATIONAL, INC.

Principal Place of Business

800 HARBOUR DRIVE  
SUITE 1  
NAPLES FL 34103

Mailing Address

P.O. BOX 795  
NAPLES FL 34106  
US

(same)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1994

4. FEI Number

65-0545290

Applied For  
Not Applicable

5. Certificate of Status Desired

X

\$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 Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 501 Goodlette Road  
Suite, Apt. #, etc.

22 Suite D-100

23 Naples, FL  
City & State

Zip Country

24 34102 25 USA

2a. Mailing Address

26 P.O. Box 795  
Suite, Apt. #, etc.

27

28 Naples, FL  
City & State

Zip Country

29 34106 30 USA

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

81 Name

Pamela B. Castelain

82 Street Address (P.O. Box Number is Not Acceptable)

501 Goodlette Road,  
Suite D-100

83

84 City

Naples

FL

85 Zip Code

34102

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

Pamela B. Castelain, VP

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME CASTELAIN, PAMELA B  
STREET ADDRESS 800 HARBOUR DRIVE, SUITE 1  
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Pamela B. Castelain, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 (941) 774-5000

Date

Daytime Phone #

CR2E034 (1/98)

0463365