

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 10, 1999 8:00 am Secretary of State

05-10-1999 90231 012 ***150.00

DOCUMENT # P95000039314(6) ✓

1. Corporation Name CASTLE ROOM INC.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 222 CLEMATIS ST 22 SUITE 202 23 WEST PALM BCH FL 24 33401 25 USA
 2a. Mailing Address 26 222 CLEMATIS ST 27 SUITE 202 28 WEST PALM BCH FL 29 33401 30 USA

3. Date Incorporated or Qualified 5/17/1995
 4. FEI Number 65-0580931 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 Tax. Yes No

9. Name and Address of Current Registered Agent
 VISCONTI, GERALD
 222 CLEMATIS ST, SUITE 202
 WEST PALM BCH, FL 33401

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] DATE 4-28-99

12. OFFICERS AND DIRECTORS
 TITLE [] DELETE
 NAME BRISSON, DALE J
 STREET ADDRESS 222 CLEMATIS ST, SUITE 202
 CITY-ST-ZIP WEST PALM BCH, FL 33401
 TITLE [] DELETE
 NAME HOLLAND, VINCENT
 STREET ADDRESS 222 CLEMATIS ST, SUITE 202
 CITY-ST-ZIP WEST PALM BCH, FL 33401
 TITLE [] DELETE
 NAME GERALD VISCONTI
 STREET ADDRESS 222 CLEMATIS ST, SUITE 202
 CITY-ST-ZIP WEST PALM BCH, FL 33401
 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: [Signature] DATE 4/28/99 (561) 3060027

CR2E034 (1/198)