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

DOCUMENT # P95000039314(6)
1. Corporation Name
CASTLE ROOM INC.

Principal Place of Business

SIGNATURE:

Mailing Address

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90231 012 ***150.00

DO NOT WRITE IN THIS SPACE

		3. Date incorporated or Qualified 5/17/1995	
2. Principal Place of Business 2a. Mailing Address 2b. 2cc 2cc 2cc 2cc 2cc 2cc 2cc 2cc 2cc 2c	ATIS ST	4. FEI Number 0580931	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. ZZ SUITE ZO ZZ SUITE ZO	2	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
23 WEST PALM BUH PL 28 WEST PA	HM BCHFL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33401 25 VSA 29 33401 3	Country 30 US/A	This corporation owes the current year Int Personal Property Tax.	☐ Yes ☐ No
Name and Address of Current Registered Agent		10. Name and Address of New Registered	Agent
VISCONTI GERALD	81 Name		
222 CLEMATIS ST, SUITE 202	82 Street Addre	ss (P.O. Box Number is Not Acceptable)	
DOC COUNTY SOLLE LOS	83		
WEST PALM WITH FILL 37UDI			.,
11/10/00/10	84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 901 05/12 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 oppositions of, Section 607.0505, Florida Statutes.			
SIGNATURE		9-231	77
Signature, types or printed name of registered again and title if applicable. (NOTE: R 12. OFFICERS AND DIRECTORS	Registered Agent signature required to 13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TILE DIRECTOR DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
lance in some of			
STREET ADDRESS ZZZ CLEM ATTS ST. SUITE ZOZ	12 NAME 13 STREET ADDRESS		
CITY-ST-ZIP WEST PALM PCH, FL 33401	1.4 CITY-ST-ZIP		
TITLE DIRECTOR UNICATE	2.1 TITLE		Change Addition
NAME HOLLHOU, UTVCOOL	2.2 NAME		
STREET ADDRESS 222 CLEMATIS ST, SUITE 202	2.3 STREET ADDRESS		
CITY-ST-ZIP WEST PALM BCH, FL 3340)	2. 4 CITY-ST-ZIP		
TITLE PRESIDENT DELETE	3.1 TITLE		☐ Change ☐ Addition
127 CLEMATES ST. SULTE 107	3.2 NAME		
Officer Application 1	3.3 STREET ADDRESS		
CITY-ST-ZIP WEST PACE DCH, PL 3390/	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
	4.1 TITLE		□ change □ Addition
NAME CTREET ADDRESS	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP DELETE	4.4 CITY-ST-ZIP 51 TITLE		☐ Change ☐ Addition
NAME ES DECETE	5.2 NAME		
STREET ADDRESS	53 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		, <u>-</u>
TITLE DELETE	6.1 TITLE		Change Addition
NAME	6.2 NAME		_
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	64 CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing soes not qualify for the indicated on this annual report or supplemental annual percent force and accura officer or director of the corporation or the readywar of rustes employered to exe Block 12 or Block 13 if changed or on an anaccument with an agrees, with all or	he exemption stated in Se ate and that my signature secute this report as require ather like empowered.	ction 119.07(3)(i), Florida Statutes. I further cert shall have the same legal effect as if made unde d by Chapter 607, Florida Statutes; and that m	ify that the information r oath; that I am an y name appears in

SIGNING OFFICER OR DIRECTOR