FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000077576 (3) **DOCUMENT #**

CASTAWAY NAUTICAL SERVICES, INC.

Principal Place of Business

25

BERMAN, PHILIP M ESO.

2424 N.E. 22ND STREET

POMPANO BEACH FL 33062

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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9. Name and Address of Current Registered Agent

3740 N.E. 29TH AVENUE LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

Suite Apt. #, etc.

City & State

21

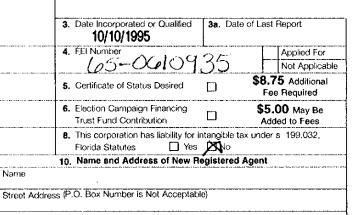
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3740 N.E. 29TH AVENUE LIGHTHOUSE POINT FL 33064



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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.

Country

81 Name

83

84 City

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SIGNATURE Signature, typed or printed nearc of registered againt and title if applicable (INOTH: Registered Againt signature required when reliabilities): DATE OATE				
12. OFFICERS AND DIRECTORS		13.		
TITLE	PD DELETE	1. 1 TITLE	Change Addition	
NAME	FITZPATRICK, LAWRENCE B	1.2 NAME		
STREET ADDRESS	3740 N.E. 29TH AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	1.4 CITY-ST-ZIP		
TITLE	[] DELETE	2 1 TIYLE	☐ Change ☐ Addition	
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-71P		2.4 CITY - ST - ZIP		
TITLE	DELETE	3 1 TITLE	· Change Addition	
NAME		3 2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
City-SI-ZiP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4. 1 TITLE	Change Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - ST - ZIP		4.4 CITY - ST - ZIP		
TITLE	DELETE	5. 1 TITLE	Change Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CHTY - ST - ZIP		
TITLE	☐ DELETE	6. 1 TITLE	Change Addition	
NAME		6.2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY - ST - ZIP		6 4 CITY-SI-ZIP		

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 operation of 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 31 or chapter 607, and attacked that my name and response in Block 12 or Block 31 or chapter 607. appears in Block 12 or Bloc fachment with an address.

SIGNATURE:

O OF BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)