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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000078364 (3)

M. S. CASTLE, INC.

Principal	Place	οf	B usiness

GIGO OF TATLE OF

Mailing Address

2118 SE 14TH ST

FILED Apr 25 1997 8:00am Secretary of State



CAPE CORAL F		CAPE CORAL FL 33990-192	22						
					3. Date incorporated or Qualified 10/12/1995	1ified 3a. Date of 06/20/1		of Last Report	
	lace of Business	2a. Mailing Address			4. FEI Number	J		Applied For	
21 915 SE 47th TETTACL 26				65-0611986			Not Applicable		
Suite, Apt. 22 CADE	#, etc. COPAL FL	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	d \$8.75 Additional Fee Required				
City & State City & State					Election Campaign Financing \$5.00 May Be				
23 33990 28					Trust Fund Contribution Added to Fees				
Zip	Country	Žip Country			8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29	30		Florida Statutes Yes No				
	9, Name and Address of Curre	nt Registered Agent		r :	10. Name and Address of New Reg	istered A	gent		
	ier, leigh M		81	Name					
	SE 40TH ST		82	Street Ac	Idress (P.O. Box Number is Not Acceptable	e)			
SUITI						<u> </u>			
CAPI	E CORAL FL 33904		83						
			84	City			85 7	ip Code	
						FL			
11. Pursuant office or re agent. I a	to the provisions of Sections 607.051 egistered agent, or both, in the State im familiar with, and accept the oblig	02 and 607,1508, Florida Statut e of Florida. Such change was a gations of, Section 607.0505, Flo	es, the abov authorized b orida Statute	e-named co y the corpo s.	orporation submits this statement for the pretation's board of directors. I hereby accep	urpose of the appo	changin sintment	g its registered as registered	
SIGNATURE			F 50 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
12.	Signature, typed or printed nanki of registered ag	NOT DIRECTORS	Fiegistered Ag	ont signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDG AND	DIDECT	ODS IN 12	
TITLE	OFFICERS AN	DELETE	11 THUE		ADDITIONS/CHANGES TO OFFICE		Chang		
	CASTILLE, MARTIN H	Diff. te	12 NAME				L. Ondari	7,130,130,1	
NAME .	2118 SE 14TH ST			1.40000000					
STREET ADDRESS	CAPE CORAL FL 33990			1 ADDRESS				ļ	
CITY-ST-ZIP	VI	DELETE	1.4 CHY-	ST - ZIP			Chang	ge 🔲 Addition	
TITLE	CASTILLO, SHELLY M	ריין מנונונ	2 1 1171.6				Crians	geAudition)	
NAME	2118 SE 14TH ST		2.2 NAME						
STREET ADDRESS				I ADDRESS					
CITY-ST-ZIP	CAPE CORAL FL 33990		2. 4 CITY-	ST-ZIP		;		- Design	
TITLE	S STORES MANOY I	☐ DELETE	3.1 TITLE		•		Chang	ge 🔲 Addition	
NAME	PEPPER, NANCY L		3.2 NAME						
STREET ADDRESS	3345 SE 10TH PLACE		3.3 STREE	1 ADDRESS					
CITY-ST-ZIP	CAPE CORAL FL 33904		3.4 CITY-	S1-ZIP					
TITLE		☐ DELETE	4.1 TITLE				L Chang	ge L. Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	1 ADDRESS					
CITY-ST-ZIP	·		4.4 CITY -	ST-ZIP					
TALE		☐ DELETE	5.1 TALE				Chan	ge 🔲 Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 S1REE	1 ADDRESS					
CHY-ST-ZIP			5.4 CHY-	ST - ZIP					
TITLE		☐ DELETE	6.1 TITLE				Chan	ge 🔲 Addition	
NAME			6.2 NAME						
STREET ADDRESS			63 STRFF	I ADDRESS					
CITY-ST-ZIP			64 CITY-	i					
3111 91-ER			540011						

I do hereby certify that the information supplied with this filling 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 12 is charged, or on an attachment with an address.