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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000078364 (3)

M. S. CASTLE, INC.

Principal Plac	o of Business	Mailing Address			- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Principal Place of Business Mailing Address 915 \$.E 47TH TERR. 2118 \$E 14TH ST CAPE CORAL FL 33990 CAPE CORAL FL 33990						
					DO NOT WRITE IN THIS SPACE	
US CAPE COMAL PL 33980 CAPE COMAL			WE FE 33880			
					3. Date Incorporated or Qualified 10/12/1995	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		65-0611986	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Z ip	Count 30	гу	This corporation owes or has paid the corporate Property Tax due June 30.	urrent year Intangible
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent
FISHER, LEIGH M 1505 SE 40TH ST SUITE B CAPE CORAL FL 33904				81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83		
- CA	TE COMETE GOSOV		8-	City		85 Zip Code
SIGNATURE	num m	w s			poration submits this statement for the purpose ation's board of directors. I hereby accept the application of the purpose at	of changing its registered pointment as registered
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	Р	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	CASTILLE, MARTIN H	1.2 NA				
STREET ADDRESS	2118 SE 14TH ST		1.3 STREI	T ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33990		1.4 CITY	ST-ZIP		
TITLE	Vī	DELETE	2.1 TITLE			☐ Change ☐ Addition

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

23 STREET ADDRESS

3.3 STREET ADDRESS

43 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

3.4. CITY-ST-ZIP

2 4 CITY-ST-ZIP

CITY-ST-ZIP 14. Thereby 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 of 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 of 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 changing or on an attachnique with an address.

SIGNATURE:

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

CASTILLO, SHELLY M

CAPE CORAL FL 33990

2118 SE 14TH ST

PEPPER, NANCY L

3345 SE 10TH PLACE

CAPE CORAL FL 33904

DELETE

DELETE

DELETE

DELETE

FILED

May 08 1998 8:00am

Secretary of State

☐ Change

Change

Change

Addition

■ Addition

Addition

___ Addition