


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

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		
DOCUMENT # P96000027163 (0)				
1. Corporation Name KRISTA'S KASTLE, INC.				
Principal Place of Business 1111 EASTON RD SUITE 27 WARRINGTON PA 18976		Mailing Address 1111 EASTON RD SUITE 27 WARRINGTON PA 18976-1845		
2. Principal Place of Business 21 1208 N. Ocean Blvd. Suite, Apt. #, etc. 22 City & State 23 Pompano Beach, FL Zip Country 24 33062 25		2a. Mailing Address 26 1208 N. Ocean Blvd. Suite, Apt. #, etc. 27 City & State 28 Pompano Beach, FL Zip Country 29 33062 30		
3. Date Incorporated or Qualified 03/22/1996 3a. Date of Last Report				
4. FEI Number 65-0661622 Applied For Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees				
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
9. Name and Address of Current Registered Agent BIZARRO, DEBORAH L 2419 E COMMERCIAL BLVD SUITE 302 FT LAUDERDALE FL 33308				
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, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent's signature required when reinstating) DATE				
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME PILEGGI, THOMAS STREET ADDRESS 1111 EASTON RD SUITE 27 CITY-ST-ZIP WARRINGTON PA 18976 TITLE D <input type="checkbox"/> DELETE NAME PILEGGI, JAMES STREET ADDRESS 1111 EASTON RD SUITE 27 CITY-ST-ZIP WARRINGTON PA 18976 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
14. I do 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				
SIGNATURE: <i>Thomas Pileggi</i> 3/12/97				



CR2E034 (9/96)