FILED FILE NOW: FILING FEE AFTEN MAY 1 IS \$550.00 PROFIT Jun 11 1997 8:00am FLORIDA DEPARTMENT OF STATE ◆ CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary C. State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # Village Castle, Inc. 3. Date incorporated or Qualified 1/18/96 3a. Date of Last Report 2a. Mailing Address 2. Principal Place of Business Applied For Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing **Trust Fund Contribution** Added to Fees Country 8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes 🔲 No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARK O. RODBERG 82 Street Address (P.O. Box Number is Not Acceptable) 257 SOWTHERN BLUD. West PALM BEACH FL 33405 83 84 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 i litle if applicable (NOTE Registered Agent signature required when reinstalling) CTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 111118 Change TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 14 City - \$1 - ZiP DELETE TITLE 21 TITLE Change ■ Addition 2.7 NAME 2.3 STREET ADDRESS STREELADORESS 33 YOS CITY ST-ZIP 2 4 CHY-\$1-ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET AUDRESS CITY - ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 51 TITLE 800002212995 -06/16/97--01101--015 Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

14. 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 or 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: '

5.4 CITY- \$1 - ZIP

63 STREET ADDRESS

6.4 C(1Y - ST - Z)P

61 TITLE

62 NAME

DELETE

CITY - ST- ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

***165.00

Addition

Change