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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 11 1998 8:00am
Secretary of State

DOCUMENT # P96000083147 (4)

1. Corporation Name
KASTEN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
101 E KENNEDY BLVD SUITE 1240 TAMPA FL 33602	101 E KENNEDY BLVD SUITE 1240 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1996

4. FEI Number: 59-3434584 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

KASTEN, A. CHRISTOPHER A II
101 E KENNEDY BLVD
SUITE 1240
TAMPA FL 33602

10. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 E	President ☐ Change ☒ Addition
NAME	KASTEN, A. CHRISTOPHER II		1.2 E	KASTEN, A. Christopher II
STREET ADDRESS	5197 CORSICA DR NE		1.3 ET ADDRESS	5197 Corsica Dr NE
CITY-ST-ZIP	ST PETERSBURG FL 33703		1.4 -ST-ZIP	St. Petersburg, FL 33703
TITLE		☐ DELETE	2.1 E	☐ Change ☐ Addition
NAME			2.2 E	
STREET ADDRESS			2.3 ET ADDRESS	
CITY-ST-ZIP			2.4 -ST-ZIP	
TITLE		☐ DELETE	3.1 E	☐ Change ☐ Addition
NAME			3.2 E	
STREET ADDRESS			3.3 ET ADDRESS	
CITY-ST-ZIP			3.4 -ST-ZIP	
TITLE		☐ DELETE	4.1 E	☐ Change ☐ Addition
NAME			4.2 E	
STREET ADDRESS			4.3 ET ADDRESS	
CITY-ST-ZIP			4.4 -ST-ZIP	
TITLE		☐ DELETE	5.1 E	☐ Change ☐ Addition
NAME			5.2 E	
STREET ADDRESS			5.3 ET ADDRESS	
CITY-ST-ZIP			5.4 -ST-ZIP	
TITLE		☐ DELETE	6.1 E	☐ Change ☐ Addition
NAME			6.2 E	
STREET ADDRESS			6.3 ET ADDRESS	
CITY-ST-ZIP			6.4 -ST-ZIP	

CR2E034 (10/97)

14. I 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: A. C. Kasten President A. Christopher KASTEN 2/11/98 813-223-5351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR — Date — Daytime Phone # 0366830