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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 😹

FILED

Feb 27 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## P97000056191 (4) DOCUMENT #

KAREN O. CASTLEMAN, PH.D., P.A. Principal Place of Business Mailing Address 1502 W BUSCH BLVD P O BOX 17182 TAMPA FL 33682 DO NOT WRITE IN THIS SPACE **TAMPA FL 33612** 3. Date Incorporated or Qualified <u>06/25/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 59-3469038 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ 23 Trust Fund Contribution Added to Fees Žφ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CASTLEMAN, KAREN O 1502 W BUSCH BLVD 62 Street Address (P.O. Box Number is Not Acceptable) SUITE 22 83 **TAMPA FL 33612** 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE Change Addition 1.1 TITLE TITLE CASTLEMAN, KAREN O PH.D. CRZEG94 NAME 1.2 NAME 1502 W BUSCH BLVD SUITE 22 STREET ADDRESS 1.3 STREET ADDRESS

**TAMPA FL 33612** CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STAFFT ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELFTE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

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: XONLAND DWD 4 MANA