

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

FILED
May 07 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000065798 (5)

1. Corporation Name
CASTLE CANOPY, INC.

Principal Place of Business

1333 SW 14TH STREET
BOCA RATON FL 33486

Mailing Address

1333 SW 14TH STREET
BOCA RATON FL 33486



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 4350 NW 19 AVE Suite, Apt. #, etc. 22 SUITE G City & State 23 POMPANO BEACH, FL Zip 24 33064 | 26 4350 NW 19 AVE Suite, Apt. #, etc. 27 SUITE G City & State 28 POMPANO BEACH, FL Zip 29 33064 |
| Country 25 USA | Country 30 USA |

| | | |
|---|--------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified 07/30/1997 | 4. FEI Number 65-0776879 | 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent

BARBER, JAMES N
1333 SW 14TH STREET
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

| | |
|---|-------------------------|
| 81 Name BARBER, JAMES N. | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 34 NEEDLES DRIVE | |
| 84 City OCALA | 85 Zip Code FL 34482 |

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 1.2 NAME | PD BARBER, JAMES N |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 34 NEEDLES DR. |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | OCALA, FL. 34482 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | D BARBER, CERITA M. |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 34 NEEDLES DR. |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | OCALA, FL. 34482 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | VD FLOYD, KIMBERLY A. |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 227 N.W. 36 AVE. |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | DEERFIELD BEACH, FL. 33441 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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: James N. Barber / JAMES N. BARBER 4-27-98 352-861-4957

CR2E034 (10/97)