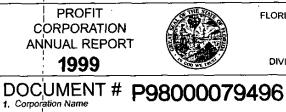
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

CASTLES COMMERCIAL, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 24, 1999 8:00 am Secretary of State 03-24-1999 90088 039 ***150.00

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191 13 19 13 19 13 19 13 1	

Principal I	Place of Business	of Business Mailing Address			- 1 100/100/ 1/0 (3/0/ 10/1 06)// 43/1/ 60/1/ 40/1/	ata täfii atala talta	Altı iadl
3200 MILIT		**			}		
	ON FL 33431	' '''					
		·			DO NOT WRITE IN THIS	SPACE	 -
1					3. Date Incorporated or Qualifed 09/08/1998		
2. Princip	al Place of Business	2a. Mailing Address			4. FEI Number	Applied	i For
21		26			65-0874700		plicable
Suite,	Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addit Fee Require	
City &'	State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fe	
Zip i	Country	Zip			8. This corporation owes the current year Inta	ngible	
24	25	29 30]			☐ Yes ☐ N	40
- 	9. Name and Address of Current				10. Name and Address of New Registered A	gent	
I	81 Name						
	RHOTEN, DAVID II.		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	3200 MILITARY TR		}				
E	BOCA RATON FL 33431		83				
;	•		84	City		85 Zip Code	
					FL	'	
office agent	or registered agent, or both, in the State of t. I am familiar with, and accept the obligation	i Florida. Such change was auth	orized by	the corporation	oration submits this statement for the purpose of c n's board of directors. I hereby accept the appoin	hanging its registe tment as registe	stered ered
SIGNATU	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re-	gistered Age	nt signature required	when reinstating) DATE		— <u> </u>
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS ANI	DIRECTORS	IN 12
TITLE ;	D	☐ DELETE	1.1 TITLE			Change [Addition 3
NAME	RHOTEN, DAVID II.		1.2 NAME	1	·		2
STREET ADDR	RESS 3200 MILITARY TR		1.3 STREE	T ADDRESS	,		[
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-5	T-ZIP	<u> </u>		{
TITLE		☐ DELETE	2.1 TITLE			Change	Addition C
NAME			2.2 NAME				
STREET ADD	RESS		2.3 STREE	T ADDRESS			}
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	· _ ~		
TITLE		☐ DELETE	3.1 TITLE		•	. Change	Addition \
NAME			3.2 NAME				{
STREET ADD	RESS		3.3 STREE	TADDRESS		-	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	Ì		Change	Addition
NAME	·		4.2 NAME		. '		
STREET ADD	RESS		4.3 STREE	TADDRESS	,		
CITY-ST-ZIP			4.4 CITY-5	T-ZIP	<u>. </u>		
TITLE	(☐ DELETE	5.1 TITLE	ļ	•	☐ Change	Addition
NAME	· ·		5.2 NAME	1	•	•	·, ['
STREET ADD	RESS			TADDRESS			
CITY-ST-ZIP			5.4 CITY-5	T-ZIP			T A district
TITLE		☐ DELETE	6.1 TITLE		•	☐ Change	Addition :
NAME		,	6.2 NAME				1
STREET ADD	RESS			TADDRESS			}
CITY-ST-ZIP	•		6:4 CITY-5	T-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 received my control of the corporation of the corporation of the corporation or the received my control of the corporation of the c

SIGNATURE: