


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

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000088290 1. Corporation Name RICHARD P. LICASTRI, P.A.					

Principal Place of Business 4223 NORTH PALM FOREST DRIVE DELRAY BEACH FL 33445		Mailing Address 4223 NORTH PALM FOREST DRIVE DELRAY BEACH FL 33445	
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2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip		Zip	
24		29	
Country		Country	
25		30	

9. Name and Address of Current Registered Agent	
LICASTRI, RICHARD P 4223 NORTH PALM FOREST DRIVE DELRAY BEACH FL 33445	

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 10/15/1998	

4. FEI Number 65-0868544		Applied For <input type="checkbox"/> 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 the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD LICASTRI, RICHARD P
STREET ADDRESS	4223 NORTH PALM FOREST DRIVE
CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 6-7-98 561-637-0111
Signature and typed or printed name of signing officer or director Date Daytime Phone #

07-15-1999 5:00:07 003 ***150.00
FILED P98000088290
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 Aug 2 AM 9:56



CR2E034 (11/98)

08/02/1999 09:35 5613648803

NATIONAL AUCTION CO

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FROM : STG RORY LI CASTRI

PHONE NO. : 561 496 5248

Aug. 02 1999 08:43AM P1/1

Richard P. LiCastri, P.A.

July 22, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Replacement Check


To Whom It May Concern:

In accordance with my conversation with your office, I am enclosing a replacement check along with a letter from my bank. Please accept this payment in lieu of my original check # 204 that was sent on time.

As of this date, I have not put a stop payment on my original check just in case it arrives at your office. Upon return of my signed receipt from this certified letter, I will cancel check # 204.

Thank you in advance for your cooperation and understanding. If I can be of any further assistance, please do not hesitate to call.

Very truly yours,



Richard P. LiCastri
Richard P. LiCastri P.A.

Enclosure

4223 Palm Forest Drive North, Delray Beach, FL 33445 (561) 637-0717