FILE NOW: FILING FEE AFTER MAY 1 IS $225.00.

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 12:03

DOCUMENT # S27103 (8)

1. Corporate Name
CASTLE WEST, INC.

Principal Place of Business
2532 N.W. 116TH TERRACE
CORAL SPRINGS FL 33065

Mailing Address
2532 N.W. 116TH TERRACE
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1991
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business
21 Suite Apt. # etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite Apt. # etc.
27 City & State
28 Zip 29 Country 30

4. FEI Number: 65-0239106 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
JAMERSON & SUTTON P.A.
2655 LEJUNE ROAD
PENTHOUSE II
CORAL GABLES FL 33134

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVT	1. TITLE	☐ Change ☐ Addition
NAME	SCHLOSS, DAVID P.	1. NAME	
STREET ADDRESS	2532 NW 116 TERRACE	1. STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL	1. CITY ST ZIP	
TITLE	S	2. TITLE	☐ Change ☐ Addition
NAME	SCHLOSS, DAVID P.	2. NAME	
STREET ADDRESS	2532 NW 116 TERRACE	2. STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL	2. CITY ST ZIP	
TITLE		3. TITLE	☐ Change ☐ Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY ST ZIP		3. CITY ST ZIP	
TITLE		4. TITLE	☐ Change ☐ Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY ST ZIP		4. CITY ST ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY ST ZIP		5. CITY ST ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY ST ZIP		6. CITY ST ZIP	

14. For profit corporations only: For the calendar year immediately preceding this report, I hereby certify that the information contained herein, including any attachments, is true and accurate and that the amount of gross income, less cost of goods sold, reported on the corporate income tax return for the calendar year immediately preceding this report, is sufficient to pay the annual report fee required by Section 607.0122(2), Florida Statutes. I further certify that the corporation has paid all fees due to the Department of State, Division of Corporations, and that its name appears in full, without abbreviation, on the last filed document with the Division.

SIGNATURE: DAVID P. SCHLOSS 1/6/95 (305) 755-7880
SIGNATURE AND TYPED OR PRINTED NAME OF MGRMG OFFICER OR DIRECTOR

0100066 CP