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PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **V21108** **(8)**

1. Corporation Name

J.P. CASTAGNA, INC.

Principal Place of Business	Mailing Address
5814 N W 74 TERRACE PARKLAND FL 33067 US	5814 N W 74 TERRACE PARKLAND FL 33067 US

3. Date Incorporated or Qualified: **03/12/1992**
3a. Date of Last Report: **03/07/1995**
4. FEI Number: **06-1296277** ☐ 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

2. Principal Place of Business
21 10235 W. Sample Road, #105
Suite, Apt. #, etc.
22 Suite 105
City & State
23 Coral Springs, FL
Zip 24 33065 Country 25 US

2a. Mailing Address
26 P.O. Box 8532
Suite, Apt. #, etc.
27
City & State
28 Coral Springs, FL
Zip 29 33075 Country 30 US

9. Name and Address of Current Registered Agent

CASTAGNA, JOHN P
5814 N W 74 TERRACE
PARKLAND FL 33067

10. Name and Address of New Registered Agent

81 Name: Christopher Trapani, C/O Brinkley,McNerney
82 Street Address (P.O. Box Number is Not Acceptable): 200 E. Las Olas Boulevard
83 Suite 1800
84 City: Ft. Lauderdale, FL 85 Zip Code: 33301

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: Christopher M. Trapani (CHRISTOPHER M. TRAPANI) 1/24/96
Signature, type or printed name of registered agent and title, if any — (NOTE: Required) Agent's signature — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	CASTAGNA, JOHN P		1.2 NAME
STREET ADDRESS	5814 N W 74 TERRACE		1.3 STREET ADDRESS
CITY-ST-ZIP	PARKLAND FL		1.4 CITY-ST-ZIP
TITLE		☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE		☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is true, timely furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, trustee or other court appointed fiduciary 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, added or deleted, or on an attachment with an address.

SIGNATURE: John P. Castagna, Jr. 954-341-5690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone Number

CR2E034 (12/95)