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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V29056

(1)

CASTLESTONE, INC.

FILED
Feb 20 1997 8:00am
Secretary of State



Principal Place of Business 838 ORANGE AVE WINTERP ARK FL 32789 US		Mailing Address 7698 TURKEY LAKE HO STE 18 ORLANDO EL 32819-5265	SAME		
		<u> </u>		3. Date Incorporated or Qualified 03/31/1992	3a. Date of Last Report 03/05/1996
2. Principal Place of Busines	SMOR AVE	2a. Mailing Address		4. FEI Number	Applied For
	ange ave	[26] Cuite Ast H sta		59-3116301	Not Applicable
Suite Apl #, etc.	PARK	Suite, Apt #, etc.	(5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
ー ²⁰ スクフ ጸク […	Country	Z _{IP} •	Country	8. This corporation has liability for in	
24 32701 25		29	30		Yes No
	nd Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Reg	istered Agent
WESTBROOK, W			of Marie		
7652 ASHLYE PA	WK CI		82 Street Ad	dress (P.O. Box Number is Not Acceptable	e)
STE 301 ORLANDO FL 32	Q12		63		
UNLANDO FL SE	010				
			84 City		FL 85 Zip Code
office or registered ager agent. I am familiar with, SIGNATURE	it, or both, in th # State 🖨	f Florida Such change was ons if, Section 607.0505, Fi	authorized by the corpor	rporation submits this statement for the pa ation's board of directors. I hereby accep juiled when reinstating)	t the appointment as registered
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
10.0 D		☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
	CH, ALEXANDER		1.2 NAME		
	Worth Dr.		1.3 STREET ADDRESS		
CHY-ST-ZIP ORLANDO	FL	DELETE	1.4 CITY-ST-ZIP		
		[] DELETE	2 1 TITL€		L.I. Change L. I. Addition
₹11.F					
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4. To neredy certify that the information supplied with this filing does not quality for the exemption istated in Section 119.07(3)(i), Florida Statules, Flutther certify that the information indicated on this annual report or suppliemental 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 this conjugation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an alreship of the properties.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

// <u>20</u>/9/ Date Dayt