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**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90061 011 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

1999

DOCUMENT # 723280

Corporation Name  
**CASTLE #9 CONDOMINIUM, INC**

Principal Place of Business NW 48TH TERRACE 206 LAUDERHILL FL 33313	Mailing Address 2291 NW 48TH TERRACE SUITE 206 LAUDERHILL FL 33313 US
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Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/27/1972
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-1445086
City & State	City & State	Applied For Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent WAXMAN, JOSEPH 2291 N.W. 48 TERR LAUDERHILL FL 33313	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	85 Zip Code FL

Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
T BENDER, IRMA 2291 NW 48TH TERRACE LAUDERHILL FL 33313 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TREASURER ANITA R. Kiersh 4851 N.W. 21 ST (111) LAUDERHILL FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D RUBECK, SAM 2291 NW 48TH TERRACE LAUDERHILL FL 33313 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP D MILTON LITVIN 2291 N.W. 48 Terr LAUDERHILL FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP MANDEL, MANNY 2291 NW 48TH TERRACE LAUDERHILL FL 33313 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP     <input type="checkbox"/> Change <input type="checkbox"/> Addition
D ALBAUM, MAX 2291 NW 48TH TERRACE LAUDERHILL FL 33313 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP     <input type="checkbox"/> Change <input type="checkbox"/> Addition
D STEINBERG, MOSES 2291 NW 48TH TERRACE LAUDERHILL FL 33313 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP     <input type="checkbox"/> Change <input type="checkbox"/> Addition
P WAXMAN, JOSEPH 2291 NW 48TH TERRACE LAUDERHILL FL 33313 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP     <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Joseph Waxman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 954-735-9404  
 Date Daytime Phone #

CR2E037 (1/98)