


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Jul 23 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 726211 (6)
 1. Corporation Name
 CASTLE #12 CONDOMINIUM, INC.



Principal Place of Business Mailing Address
 GERSHON BERKOWITZ 4751 N.W. 21ST STREET LAUDERHILL FL 33313
 GERSHON BERKOWITZ 4751 N.W. 21ST STREET LAUDERHILL FL 33313

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 28 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified 04/24/1973 3a. Date of Last Report 01/26/1996
 4. FEI Number 59-1499153 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 BERKOWITZ, GERSHON
 4751 NW 21ST STREET
 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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0503 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 *Gershon Berkowitz* DATE 7/18/97
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD Treasurer	<input type="checkbox"/> DELETE
NAME	BERKOWITZ, GERSHON	
STREET ADDRESS	4751 NW 21ST ST	
CITY-ST-ZIP	LAUDERHILL, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOLD, SY	
STREET ADDRESS	4751 NW 21ST ST.	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KANTON, ROBERT	
STREET ADDRESS	4751 NW 21ST ST.	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	P Board Director	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, PHILIP	
STREET ADDRESS	4751 NW 21ST ST.	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GOODMAN, WALLACE	
STREET ADDRESS	4751 N.W. 21ST ST.	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	President	<input checked="" type="checkbox"/> DELETE
NAME	Arnette Goldstein	ADDITION
STREET ADDRESS	4751 N.W. 21ST ST	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Board Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GEORGE LABAN	
1.3 STREET ADDRESS	4751 N.W. 21ST ST	
1.4 CITY-ST-ZIP		
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARIELLA Goshen	
2.3 STREET ADDRESS	4751 NW 21ST ST	
2.4 CITY-ST-ZIP		
3.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jos. Glenn	
3.3 STREET ADDRESS	4751 N.W. 21ST ST	
3.4 CITY-ST-ZIP		
4.1 TITLE	Board Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	M. FUCHMAN	
4.3 STREET ADDRESS	4751 N.W. 21ST ST.	
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 do 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.

SIGNATURE *Gershon Berkowitz* GERSHON BERKOWITZ

CR2E037 (4/97)