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**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726211 (6)

1. Corporation Name
CASTLE #12 CONDOMINIUM, INC.



Principal Place of Business GERSHON BERKOWITZ 4751 N.W. 21ST STREET LAUDERHILL FL 33313	Mailing Address GERSHON BERKOWITZ 4751 N.W. 21ST STREET LAUDERHILL FL 33313
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3. Date Incorporated or Qualified 04/24/1973	
4. FEI Number 59-1499153	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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
85 Zip Code

11. 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 *Gershon Berkowitz* (Signature, typed or printed name of registered agent and title, if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<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	LABAN, GEORGE	
STREET ADDRESS	4751 NW 21ST ST	
CITY - ST - ZIP	LAUDERHILL FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GLENE, JOS	
STREET ADDRESS	4751 NW 21ST ST.	
CITY - ST - ZIP	LAUDERHILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, PHILIP	
STREET ADDRESS	4751 NW 21ST ST.	
CITY - ST - ZIP	LAUDERHILLE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GOVDSTEN, ARNETTE	
STREET ADDRESS	4751 NW 21ST ST	
CITY - ST - ZIP	LAUDERHILL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GLENE, JOSEPA	
1.3 STREET ADDRESS	4751 N.W. 21ST ST	
1.4 CITY - ST - ZIP	LAUDERHILL, FL	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	IRVING SCHWARTZ	
2.3 STREET ADDRESS	4751 N.W. 21ST ST	
2.4 CITY - ST - ZIP	LAUDERHILL, FL 33313	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SARA MYRON	
3.3 STREET ADDRESS	4751 N.W. 21ST ST	
3.4 CITY - ST - ZIP	LAUDERHILL, FL 33313	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
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 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* 1/2/98 (Rev) 726 01 00

CR2E037 (10/97)