


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 01, 1999 8:00am**  
**Secretary of State**

02-01-1999 90045 028 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 726211**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/24/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1499153
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
Zip 29	Country 30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BERKOWITZ, GERSHON 4751 NW 21ST STREET LAUDERHILL FL 33313		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 617.0502 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* DATE 1/18/99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	DELETED <input type="checkbox"/>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERKOWITZ, GERSHON		1.2 NAME	
STREET ADDRESS 4751 NW 21ST ST		1.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERHILL, FL 00000		1.4 CITY-ST-ZIP	
TITLE D	DELETED <input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GLICK, JOSEPH		2.2 NAME	
STREET ADDRESS 4751 NW 21ST ST		2.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERHILL FL		2.4 CITY-ST-ZIP	
TITLE D	DELETED <input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IRVING SCHWARTZ		3.2 NAME	
STREET ADDRESS 4751 NW 21ST ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERHILLE FL 33313		3.4 CITY-ST-ZIP	
TITLE PD	DELETED <input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRIEDMAN, PHILIP		4.2 NAME	
STREET ADDRESS 4751-NW 21ST ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERHILLE FL		4.4 CITY-ST-ZIP	
TITLE S	DELETED <input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAUL MYRON		5.2 NAME	
STREET ADDRESS 4751 NW 21ST ST		5.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERHILL FL 33313		5.4 CITY-ST-ZIP	
TITLE	DELETED <input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Gershon Berkowitz* SIGNATURE REQUIRED *[Signature]* DATE 1/18/99 DAYTIME PHONE # 739-9380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)