

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728002 (7)
 1. Corporation Name
CASTLE #15 CONDOMINIUM, INC.



Principal Place of Business 4770 NW 21ST STREET LAUDERHILL FL 33313	Mailing Address 4770 NW 21ST STREET LAUDERHILL FL 33313
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3. Date Incorporated or Qualified 11/07/1973	3a. Date of Last Report 01/23/1995
4. FEI Number 59-1499152	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Condominium</i>	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**PEARSON, SADIE M
4770 NW 21ST STREET (1S-211)
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 617.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	LEITNER, MIRIAM
STREET ADDRESS	4770 NW 21ST ST
CITY - ST - ZIP	LAUDERHILL FL
TITLE	D <input type="checkbox"/> DELETE
NAME	NOVAK, MIN
STREET ADDRESS	4770 NW 21ST STREET
CITY - ST - ZIP	LAUDERHILL FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BLIVICE, JEANETTE
STREET ADDRESS	4770 N W 21 ST
CITY - ST - ZIP	LAUDERHILL FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	PEARSON, SADIE M
STREET ADDRESS	4770 NW 21ST STREET
CITY - ST - ZIP	LAUDERHILL FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	STENER, DEWITT
STREET ADDRESS	4770 NW 21ST STREET
CITY - ST - ZIP	LAUDERHILL FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	FELD, SUE
STREET ADDRESS	4770 NW 21ST STREET
CITY - ST - ZIP	LAUDERHILL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sadie M Pearson* **TREAS. 6/7/96** 954-731-5121
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)