

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 728197 (5)**

1. Corporation Name

**CASTLE #16 CONDOMINIUM, INC.**



Principal Place of Business

**4740 N. W. 21ST ST.  
LAUDERHILL FL 33313**

Mailing Address

**4740 N. W. 21ST ST.  
LAUDERHILL FL 33313**

3. Date Incorporated or Qualified

**12/05/1973**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

23

City & State

24

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

29

Zip

Country

30

4. FEI Number

**59-1499151**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

**BARRETT, NAT  
4740 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 617.0502 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

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

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BARRETT, NAT</b>	
STREET ADDRESS	<b>4740 NW 21ST ST</b>	
CITY - ST - ZIP	<b>LAUDERHILL FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STOLTZ, DAVID</b>	
STREET ADDRESS	<b>4740 NW 21ST ST</b>	
CITY - ST - ZIP	<b>LAUDERHILL FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOTWINIK, JACK</b>	
STREET ADDRESS	<b>4740 NW 21ST ST</b>	
CITY - ST - ZIP	<b>LAUDERHILL FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SALZ, JACOB</b>	
STREET ADDRESS	<b>4740 NW 21ST ST</b>	
CITY - ST - ZIP	<b>LAUDERHILL FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>GLADSTONE, IRMA</b>	
STREET ADDRESS	<b>4740 NW 21ST ST</b>	
CITY - ST - ZIP	<b>LAUDERHILL FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	<b>000001859150</b>
5.3 STREET ADDRESS	<b>-06/12/96--01018--029</b>
5.4 CITY - ST - ZIP	<b>***61.50</b>
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 13.

SIGNATURE: *Nat Barrett*

**4/26/96**

Date

**733-9364**

Daytime Phone #

CR2E037 (12/95)