

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 # **729921** (7)

1. Corporation Name

CASTLE GARDENS EXECUTIVE COUNCIL, INC.



Principal Place of Business

Mailing Address

4850 NW 22ND CT.
LAUDERHILL FL 33313

4850 NW 22ND CT.
LAUDERHILL FL 33313

3. Date Incorporated or Qualified
05/31/1974

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-1552348

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEZURE, A.
4750 NW 22 CT.
LAUDERHILL FL 33313

81 Name

HY SIEGEL

82 Street Address (P.O. Box Number is Not Acceptable)

4750 NW 22 Court

83

84 City

Lauderhill

FL

85 Zip Code
33313

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

Hyman Siegel HYMAN SIEGEL

(NOTE: Registered Agent signature required when re-instating)

DATE **2/19/96**

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SIEGEL, HY	
STREET ADDRESS	4750 NW 22 COURT	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	DEZURE, A	
STREET ADDRESS	4750 NW 22 COURT	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RADIN, SALLY	
STREET ADDRESS	4821 N W 22TH CT	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDMAN, PHIL	
STREET ADDRESS	4751 NW 21 STR	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President PT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Siegel, HY	
13 STREET ADDRESS	4750 NW 22 Court	
14 CITY-ST-ZIP	Lauderhill, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	Vice-Pres. VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Izenson, AL	
23 STREET ADDRESS	4851 NW 21 Street	
24 CITY-ST-ZIP	LAUDERHILL FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	TRES. TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Feinberg, Audrey	
33 STREET ADDRESS	4851 NW 21 Street	
34 CITY-ST-ZIP	LAUDERHILL FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	Asst. Tres. TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Zackowitz, Raphael	
43 STREET ADDRESS	4881 NW 22 Court	
44 CITY-ST-ZIP	LAUDERHILL FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

700001743017

-03/14/96-01046-028

***61.25

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:

Hyman Siegel HYMAN SIEGEL

DATE **2/19/96**

DAYTIME PHONE # **954-733-6030**

CR2E037 (12/95)