

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J33799** (4)
1. Corporation Name
CASTLE PROPERTY SERVICES INC.



Principal Place of Business: **1081 N. LK. SYBELIA DRIVE MAITLAND FL 32751**
Mailing Address: **1081 N. LK. SYBELIA DRIVE MAITLAND FL 32751**

3. Date Incorporated or Qualified: **09/18/1986**
3a. Date of Last Report: **06/27/1995**
4. FEI Number: **59-2866545**
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

21 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
22 Mailing Address Suite, Apt. #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent
**BURT, RALPH A., II
1081 N. LK. SYBELIA DRIVE
MAITLAND FL 32751**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
1 D SPIRES, GEORGE E., II 830 PINAR DRIVE ORLANDO FL DELETE
2 PD BURT, RALPH A., II 1081 N. LK. SYBELIA DR. MAITLAND FL DELETE
3 Munson, Gary 1215 Stevens Ave. Orl, FL 32806 DELETE
4 DELETE
5 DELETE
6 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME Director
3.3 STREET ADDRESS Munson, Gary
3.4 CITY-ST-ZIP 1215 Stevens Ave Orl, FL 32806
4.1 TITLE Change Addition
4.2 NAME Director
4.3 STREET ADDRESS Long, Michael
4.4 CITY-ST-ZIP 1386 La Quinta Ct Winter Springs, FL 32708
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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 or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: **Ralph A Burt II** 5/25/96 (407)645-3540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)