

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 07 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000067434 (7)**  
1. Corporation Name  
**CASTLE MANAGEMENT (FLORIDA), INC.**



Principal Place of Business <b>C/O E. RALPH TIRABASSI P.O. BOX 3018 SARASOTA FL 34230</b>	Mailing Address <b>C/O E. RALPH TIRABASSI P.O. BOX 3018 SARASOTA FL 34230-3018</b>
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3. Date Incorporated or Qualified <b>08/31/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
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21. Principal Place of Business <b>4450 W. Sunrise Blvd.</b>	2a. Mailing Address <b>P.O. Box 189013</b>
22. Suite, Apt. #, etc. <b>Suite #100</b>	27. Suite, Apt. #, etc.
23. City & State <b>PLANTATION</b>	28. City & State <b>PLANTATION</b>
24. Zip <b>33313</b>	29. Zip <b>33318</b>

4. FEI Number <b>59-3338322</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BLATTNER, DAVID ESQ.  
200 EAST BROWARD BLVD.  
FT. LAUDERDALE FL 33302**

10. Name and Address of New Registered Agent

81 Name <b>Craig A. Vaughan</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4450 W. Sunrise Blvd.</b>
83 <b>Suite #100</b>
84 City <b>Plantation</b>
85 Zip Code <b>FL 33313</b>

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: *[Signature]* **CRAIG VAUGHAN** DATE: **3-21-97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>DONNELLY, P. JAMES</b>	
STREET ADDRESS <b>130 ALBERT ST., STE. 1500, OTTAWA, ONTARIO</b>	
CITY-ST-ZIP <b>CANADA K1P 5G4</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>VAUGHAN, CRAIG A</b>	
STREET ADDRESS <b>130 ALBERT ST., STE. 1500, OTTAWA, ONTARIO</b>	
CITY-ST-ZIP <b>CANADA K1P 5G4</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>DONNELLY, P. JAMES</b>	
1.3 STREET ADDRESS <b>2544 Eagle Run</b>	
1.4 CITY-ST-ZIP <b>Weston, FL 33327</b>	
2.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>VAUGHAN, CRAIG A.</b>	
2.3 STREET ADDRESS <b>1110 Weston Rd. #121</b>	
2.4 CITY-ST-ZIP <b>Ft. Lauderdale, FL 33326</b>	
3.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>STERNBACH, Gil</b>	
3.3 STREET ADDRESS <b>4935 Kensington Circle</b>	
3.4 CITY-ST-ZIP <b>Coral Springs, FL 33076</b>	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]* **CRAIG VAUGHAN** DATE: **3-21-97** 954-792-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)