

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

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000082710 (0)**  
 1. Corporation Name  
**CASTLE INSURANCE MANAGEMENT, INC.**



Principal Place of Business <b>4450 W. SUNRISE BLVD.</b> <b>SUITE 100</b> <b>PLANTATION FL 33318</b>	Mailing Address <b>PO BOX 189013</b> <b>PLANTATION FL 33318</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/08/1996</b>		4. FEI Number <b>NOT APPLICABLE 65 0730206</b>		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
22 City & State	27 City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
23 Zip Country	28 Zip Country			
24	25	29	30	

**9. Name and Address of Current Registered Agent**

**VAUGHAN, CRAIG A**  
**4450 W. SUNRISE BLVD.**  
**SUITE 100**  
**PLANTATION FL 33318**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	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 \_\_\_\_\_ Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>DONNELLY, JAMES P</b>
STREET ADDRESS	<b>2544 EAGLE RUN</b>
CITY-ST-ZIP	<b>WESTON FL 33327</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>STERNBACH, GIL</b>
STREET ADDRESS	<b>4935 KENSINGTON CIR.</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33076</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>VAUGHAN, CRAIG A</b>
STREET ADDRESS	<b>1110 WESTON RD. #121</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33326</b>
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	<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 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:  **Craig Vaughan** **Jun 12/98**

CR2E034 (10/97)