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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000050548
1. Corporation Name

CASTLE PROPERTY SERVICES GROUP, INC.

Principal Place of Business: **4450 West Sunrise Blvd. Suite 100 Plantation, FL 33313**
Mailing Address: **4450 West Sunrise Blvd. Suite 100 Plantation, FL 33313**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		June 9, 1997	
Suite, Apt #, etc		Suite, Apt #, etc.		4. FEI Number	
22		27		65-0770205	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	

9. Name and Address of Current Registered Agent

Blattner, David K.
200 East Broward Blvd., 15th Floor
Fort Lauderdale, Florida 33302

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	600002610936-7 -08/07/98--01087--001
84	City

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 _____ DATE _____
(Initials Required for Signature of Registered Agent and Officer or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Donnelly	1.2 NAME	
STREET ADDRESS	2544 Eagle Run Drive	1.3 STREET ADDRESS	
CITY-STATE-ZIP	Fort Lauderdale, FL	1.4 CITY-STATE-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gil Sternbach	2.2 NAME	
STREET ADDRESS	4935 Kensington Circle	2.3 STREET ADDRESS	
CITY-STATE-ZIP	Coral Springs, FL 33076	2.4 CITY-STATE-ZIP	
TITLE	Secretary/Treasurer/Dir. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Craig Vaughan	3.2 NAME	
STREET ADDRESS	4450 W. Sunrise Blvd., #100	3.3 STREET ADDRESS	
CITY-STATE-ZIP	Plantation, FL 33313	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Robert Donnelly
STREET ADDRESS		4.3 STREET ADDRESS	4450 W. Sunrise Blvd., #100
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	Plantation, FL 33313
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 included on this annual report or supplementary 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: _____ **7/31/98** **954-792-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)