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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 378144

25

CASTLE, NORMAN 199 WISCONSIN ST. (0)

CASTLE CORPORATION

Principal Place of Business

1800 CARAMBOLA RD.

W PALM BCH FL 33406

Suite, Apt. #, etc.

SIGNATURE:

City & State

23

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2. Principal Place of Business

•

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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9. Name and Address of Current Registered Agent

1800 CARAMBOLA RD.

W PALM BCH FL 33406

FILED Jan 28 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYes No

10. Name and Address of New Registered Agent

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

 Date Incorporated or Qualified 03/01/1971

01-0288578

5. Certificate of Status Desired

6. Election Campaign Financing

1-3-98

561-641-8339

Trust Fund Contribution

4. FEI Number

) Wisconsin St. Ke Worth FL 33461		82	Street	Address (P.O. Box Number is Not Acceptable)		- 51	1
L-Ai	(E WORTH LE 3340)		83					1
			L					J
			84	City	FL_	85 Zip 0		
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. [INOTE: Registered Agent signature required when reinstating) DATE								
	Signature, typed or printed name of registered agent and title if applications are the printed name of registered agent and title if applications are the printed name of registered agent and title if applications are the printed name of registered agent and title if applications are the printed name of registered agent and title if applications are the printed name of registered agent and title if applications are the printed name of registered agent and title if applications are the printed name of registered agent and title if applications are the printed name of registered agent and title if applications are the printed name of registered agent and title if applications are the printed name of registered agent and title if applications are the printed name of registered agent and title if applications are the printed name of registered agent and title if applications are the printed name of registered agent and title if applications are the printed name of registered agent and title if applications are the printed name of registered agent and the printed name of registered nam		<u>`</u>	nt signature		N DIDEOTOD	0.00740	3
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CITY-ST-ZIP		1	6.4 CITY - S					
14. Thereby 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 trusted 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 for on an attachment with an address.								

Country

81 Name

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