

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 442720

(9)

1. Corporation Name

CASTLE ASSOCIATES, INC.



Principal Place of Business

415 SOUTH FEDERAL HWY
P O BOX 247
DANIA FL 33004

Mailing Address

415 SOUTH FEDERAL HWY
P O BOX 247
DANIA FL 33004

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

ADMIN CORP.
415 S. FEDERAL HWY.
DANIA FL 33004

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

01/29/1974

3a. Date of Last Report

04/25/1995

4. FEE Number

59-1592705

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0102 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 607.0105, Florida Statutes.

SIGNATURE

Signature of person performing filing (Type in full name)

Signature of person performing filing (Type in full name)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SDT
CHAMPAGNE, NICOLE
3251 SW 65TH AVE.
MIRAMAR FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GOODMAN, M. J.
413 S FEDERAL HIGHWAY
DANIA, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☒ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
V/D
VINCZE, JERRY
7311 N.W. 37TH ST
HOLLYWOOD FL

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 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 from an annual report with an address.

SIGNATURE

Nicole Champagne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicole Champagne

2/15/96

954 926-2727

CR2E034 (12/95)