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Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **442720** **(9)**

1. Corporate 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 33004-0247

3. Date Incorporated or Qualified: **01/29/1974**

3a. Date of Last Report: **04/12/1996**

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 Country 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 Country 30

4. FEI 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section s. 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: (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SDT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: CHAMPAGNE, NICOLE		1.2 NAME	
STREET ADDRESS: 3251 SW 65TH AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP: MIRAMAR FL		1.4 CITY-ST-ZIP	
TITLE: PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: GOODMAN, M. J.		2.2 NAME	
STREET ADDRESS: 413 S FEDERAL HIGHWAY		2.3 STREET ADDRESS	
CITY-ST-ZIP: DANIA, FL 00000		2.4 CITY-ST-ZIP	
TITLE: VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME: VINCZE, JERRY		3.2 NAME	
STREET ADDRESS: 7311 NW 37TH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP: HOLLYWOOD FL		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 13 above, is added, changed, or deleted by attachment with an address.

SIGNATURE: Nicole Champagne Nicole Champagne 2/13/97 954 920-2727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #