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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # 71772 B CASTLE ASSOCIATION,						
Principal Place	e of Business	Mailing Address			DIN KODI BADIN DIRIN D		JA BIBNI 1801
K ADOLPH CASTAGNA 1807 NE 168 ST. NORTH MIAMI BEACH FL 33160 JS		% ADOLPH CASTAGNA 3807 NE 168 ST. NORTH MIAMI BEACH FL US	33160-3552	3. Date Incorporated or Qualified 3a. Date of Last Report			
2 Dringing D	lace of Business	2a. Mailing Address		12/15/1969 4. FEI Number 450 354		1/26/199	
1	lace of Business	26. Walling Address		NOT APPLICABLE	337) 	plied For Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 A	
2		27		5. Certificate of Status Desired		Fee Re	<u></u>
City & State	9	City & State		6. Election Campaign Financing	י רייז	\$5.00	
Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability f	ior intensible tax	Added to	
4	25	29	30	Florida Statutes	Yes 🔀 I		185.002,
<u></u>	9. Name and Address of Curre			10. Name and Address of New	Registered Age	ent	
		_	81 Name				
	ina,adolph J.	,	82 Street Add	dress (P.O. Box Number is Not Accep	itable)	 -	
	E. 168TH STREET		83				
NORTH	MIAMI BEACH FL 33160		63				
				······································		85 Zip C	ode
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508. Florida Statu	84 City	rporation submits this statement for th	FL	`	registered
SIGNATURE	to the provisions of Sections 617.05 egisterod agent, or both, in the Stat m familiar with, and accept the oblig		'	rporation submits this statement for th ation's board of directors. I hereby ac	FL	`	s registered registered
SIGNATURE	Signature, typed or printed name of registered eg	gent and title if applicable (NC	ites, the above-named cor authorized by the corpora lorida Statutes.		PL de purpose of checept the appoin	nanging its itment as i	
SIGNATURE	Signature, typed or printed name of registered eg OFFICERS AF	gent and title if applicable (NC	otes, the above-named cor authorized by the corpore florida Statutes. OTE: Registered Agent signature req. 13. 1.1 TITLE	ulred when reinstating)	PL de purpose of checept the appoin	nanging its itment as i	S IN 12
SIGNATURE . 12. TITLE NAME	Signature, typed or profiled name of registered at OFFICERS AT DV CASTAGNA,ADOLPH J	gent and title if applicable (NC	otes, the above-named cor authorized by the corpore florida Statutes. OTE: Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME	ulred when reinstating)	PL de purpose of checept the appoin	nanging its itment as i	S IN 12
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Secretary of State