

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
95 JUL 31 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 810091 (9)**

1. Corporation Name

**CASTRO REALTY CORPORATION**

Principal Place of Business

Mailing Address

1000 JERICHO TURNPIKE - P.O. Box 142  
NEW HYDE PARK N.Y. 11040-4710

1000 JERICHO TURNPIKE P.O. Box 142  
NEW HYDE PARK N.Y. 11040-4710

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 142

26 P.O. Box 142

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 HUNTINGTON N.Y.

28 HUNTINGTON N.Y.

24 Zip

Country

29 Zip

Country

11743

USA

USA

USA

3. Date Incorporated or Qualified

3a. Date of Last Report

12/23/1954

05/27/1994

4. FEI Number

Applied For

11-1808281

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 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 the 2-3-95-000)

NOTE: Registered Agent signature required when applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VST
NAME	CASTRO, THERESA
STREET ADDRESS	7700 NW HIGHWAY 27
CITY ST. ZIP	OCALA, FL 0
TITLE	EVPC
NAME	HARRINGTON, C J
STREET ADDRESS	7700 NW HIGHWAY 27
CITY ST. ZIP	OCALA FL
TITLE	<del>CASTRO, BERNADETTE</del>
NAME	<del>1090 JERICHO TRPK</del>
STREET ADDRESS	<del>NEW HYDE PARK NY</del>
CITY ST. ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST. ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST. ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST. ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST. ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NONE
3.3 STREET ADDRESS	<del>P.O. Box 142</del>
3.4 CITY ST. ZIP	<del>HUNTINGTON, NEW YORK 11743</del>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP, COO
4.3 STREET ADDRESS	TERRI AUSTIN KROGH
4.4 CITY ST. ZIP	P.O. Box 142 Huntington NY 11743
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST. ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13, in proper or correct alignment with an address.

SIGNATURE:

*TERRI AUSTIN KROGH*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Terri Austin Krogh

7/19/95 (516) 427-5880  
Date System Phone #

CR2E034 (3-95)