

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90188 042 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **810091**

1. Corporation Name
CASTRO REALTY CORPORATION

Principal Place of Business
 P O BOX 142
 HUNTINGTON NY 11743
 US

Mailing Address
 P O BOX 142
 HUNTINGTON NY 11743
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/23/1954

4. FEI Number **11-1808281** 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **95 FOREST AVE**

2a. Mailing Address
 26 **95 FOREST AVE**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State **LOCUST VALLEY N.Y.**

28 City & State **LOCUST VALLEY N.Y.**

24 Zip **11560** 25 Country **USA**

29 Zip **11560** 30 Country **USA**

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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/8/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **VST CASTRO, THERESA**
 STREET ADDRESS **5850 NW 75TH AVENUE**
 CITY-ST-ZIP **OCALA, FL 0 34482**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **95 FOREST AVENUE**
 1.4 CITY-ST-ZIP **LOWST VALLEY, N.Y. 11560**

TITLE DELETE
 NAME **VPCO KEOGH, TERRI A**
 STREET ADDRESS **P O BOX 142 N/A**
 CITY-ST-ZIP **HUNTINGTON NY**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS **95 FOREST AVENUE**
 2.4 CITY-ST-ZIP **LOCUST VALLEY, N.Y. 11560**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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 Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/8/99**

DAYTIME PHONE # **516-656-3100**

CR2E034 (11/98)