

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F17186** (0)
1. Corporation Name
CASTLE-MOUNT DEVELOPMENT CORPORATION



Principal Place of Business: **3930 N. 38TH AVE. HOLLYWOOD FL 33021**
Mailing Address: **3930 N. 38TH AVE. HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified: **01/16/1981**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0027343**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

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

9. Name and Address of Current Registered Agent
**SCHLOSBERG, MARTIN W
3930 N. 38TH AVE.
HOLLYWOOD FL 33021**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SCHLOSBERG, MARTIN W	
STREET ADDRESS	3930 N. 38TH AVE.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHLOSBERG, MINDY B	
STREET ADDRESS	3930 N. 38TH AVE.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1	NAME	
1	STREET ADDRESS	
1	CITY-ST-ZIP	
2	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
2	STREET ADDRESS	
2	CITY-ST-ZIP	
3	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3	NAME	
3	STREET ADDRESS	
3	CITY-ST-ZIP	
4	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4	NAME	
4	STREET ADDRESS	
4	CITY-ST-ZIP	
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5	NAME	
5	STREET ADDRESS	
5	CITY-ST-ZIP	
6	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
6	STREET ADDRESS	
6	CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished, 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.

SIGNATURE: *Martin Schlosberg Pres* Date: **4-16-96** 305 922-3444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)