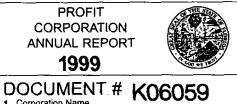
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90090 044 \*\*\*150.00

CASTLE	MORTGAGE CORP.								
31,31									
Principal Place	e of Business	Mailing Address		·		19818111 BH 98118 BHH 9819	1 <b>2011                                 </b>	<b>811 8(81) \$18</b> 11 <b>1</b>	
529 WHITEHEAI	•	P. O. BOX 4047							
KEY WEST FL 33040 KEY WEST FL 33041					}				
US		US					RITE IN THIS	SPACE	
						ncorporated or Qualife	ed		1
						9/1987			
	lace of Business	2a. Mailing Address			4. FEI Nu			<del></del>	plied For
21		26			65-00	023275			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		<del> </del>			5. Certifo	ate of Status Desired		<b>\$8.75</b> / Fee Re	I .
22		City & State			<del></del>				<del></del>
City & Stat	e	<b>⊢</b> ¬ ′				in Campaign Financin Fund Contribution	<sup>ig</sup> $\square$	\$5.00 Added	
23	Country	28	Country					•	10 / 663
Žip		F-1 ' F	30			orporation owes the cl hal Property Tax.	urrent year int	Yes	□No
24	9. Name and Address of Current		50			and Address of Nev	w Registered		
	5. Name and Address of Current	registered Agent	81	Name	T	$\overline{}$	3.0		
MCC	LELLAND, ROGER			•	79 N	C AHAV			
	EATON ST.		82	Street Add	iress (P.O. Bo) うしら	Number is Not Acce	pyables F		
KEY	WEST FL 33040		83		751	<del>00 K-10</del>	<u> </u>		
			84	City C	ey wes	ł	FL	85 Zip	304 V
44 Durauant	to the provision of actions 607 0502	and 607 1509 Florida Statutes	the above	1	7 0- 05	to this statement for t	he purpose of	changing its	registered
				-named com	noration sunmi				
office or r	egistered agent, or both, in the State of	f Florida. Such change was aut	thorized by	e-named corporati	poration submition's board of	directors. I hereby act	cept the appoin	ntment as re	gistered
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the police of			e-named corporati	poration submittion's board of	directors. I hereby act	cept the appoin	ntment as re	gistered
office or r agent. I a SIGNATURE		JON Cah	ūν_		poration submitted in submitted submitted in		cept the appoint	ntment as re	gistered
SIGNATURE	11 79	and title if applicable. (NOTE: F	ūν_		red when reinstating		JATE DATE		
	Signature, typed or printed nation registered agent	and title if applicable. (NOTE: F	CL V Registered Agen		red when reinstating		JATE DATE		
SIGNATURE	Signature, typed in printed navid christistered agent OFFICERS AND	and title if applicable. (NOTE: F	Registered Agen		red when reinstating		JATE DATE	D DIRECTO	PRS IN 12
SIGNATURE  12.  TITLE	Signature, typed in printed news emissistered agent OFFICERS AND P ZAHAV, JONATAN	and title if applicable. (NOTE: F	Registered Agen  13.  1.1 TRILE	t signature réquire	red when reinstating		JATE DATE	D DIRECTO	PRS IN 12
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed in printed notes a migistered agent OFFICERS AND P ZAHAV, JONATAN 621 GRINNEL STREET	and title if applicable. (NOTE: F) DIRECTORS	Registered Agent 13. 1.1 TRILE 1.2 NAME 1.3 STREET 1.4 CITY-ST	t signature require	red when reinstating		JATE DATE	D DIRECTO	DRS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed in printed notes a migistered agent OFFICERS AND P ZAHAV, JONATAN 621 GRINNEL STREET	and title if applicable. (NOTE: F) DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	a signature require  ADDRESS	red when reinstating		JATE DATE	D DIRECTO	DRS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed in printed notes a migistered agent OFFICERS AND P ZAHAV, JONATAN 621 GRINNEL STREET	and title if applicable. (NOTE: F) DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	ADDRESS 1-ZIP ADDRESS	red when reinstating		JATE DATE	D DIRECTO	PRS IN 12 Addition Addition
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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 control on the receiver of 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 chapted, or or an attachment with an address, with all other like empowered.

SIGNATURE: