

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

FILED

Jul 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K22005** (8)
1. Corporation Name
CASTLENORTH CORPORATION

Principal Place of Business 2141 W. CHURCH ST. ORLANDO FL 32805	Mailing Address 2141 W. CHURCH ST. ORLANDO FL 32805
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 04/21/1988	
24		25		4. FEI Number 59-2886110	
29		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
31		32		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
33		34		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent STERN, ROBERT 2141 W. CHURCH ST. ORLANDO FL 32805				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 tax ID number

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	SUSAN SENKO ADDITION
NAME	STERN, ROBERT N.	1.2 NAME	
STREET ADDRESS	2141 W. CHURCH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASHALL, TERRY	2.2 NAME	SENKO, SUSAN
STREET ADDRESS	2141 W. CHURCH ST	2.3 STREET ADDRESS	2141 W CHURCH ST
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO FL 32805
TITLE	VP	3.1 TITLE	
NAME	MARSHALL, TERRY	3.2 NAME	
STREET ADDRESS	2141 W. CHURCH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	THOMAS, JOHN	4.2 NAME	
STREET ADDRESS	1041 N.E. 16TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	STERN, BORIS	5.2 NAME	
STREET ADDRESS	8106 LAKE ELLEN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	WHITE, JOSEPH	6.2 NAME	
STREET ADDRESS	6365 53RD STREET, N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	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 supplementary 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 as an attachment with an address.

SIGNATURE

6-27-98

CR2E034 (10/97)