

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000001322 (7)**

1. Corporation Name

**CASTLE OPPORTUNITIES, INC.**



Principal Place of Business: 1130 94TH AVE N, ST PETERSBURG FL 33702  
Mailing Address: 1130 94TH AVE N, ST PETERSBURG FL 33702

3. Date Incorporated or Qualified: **03/18/1993**  
3a. Date of Last Report: **02/17/1995**  
4. FEI Number: **59-3178944**  
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 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

**9. Name and Address of Current Registered Agent**

**COOK, MICHAEL L  
1130 94TH AVE N  
ST PETERSBURG FL 33702**

**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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

**SIGNATURE**

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COOK, MICHAEL L</b>	
STREET ADDRESS	<b>1130 94TH AVE N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33702</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FINK, RICHARD H JR.</b>	
STREET ADDRESS	<b>201 58TH AVE S</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33705</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DUTCHER, WALTON D JR.</b>	
STREET ADDRESS	<b>1951 72ND AVE N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33702</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>Wright, William</b>	
STREET ADDRESS	<b>10460 Roosevelt Blvd # 258</b>	
CITY-ST-ZIP	<b>St. Petersburg FL 33716</b>	
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**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>600001907598</b>
53 STREET ADDRESS	<b>-07/30/96--01037--020</b>
54 CITY-ST-ZIP	<b>***25.00</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>300001907598</b>
63 STREET ADDRESS	<b>-07/30/96--01037--021</b>
64 CITY-ST-ZIP	<b>***61.25</b>

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Michael Cook*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/96** **(813) 577-0065**  
Date Date/Time/Phone #

CR2E037 (12/95)