


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90001 010 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001322

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/18/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3178944
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, MICHAEL L	1.2 NAME	
STREET ADDRESS	1130 94TH AVE N	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33702	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, WILLIAM	2.2 NAME	
STREET ADDRESS	10460 ROOSEVELT BLVD. #258	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUTCHER, WALTON D JR.	3.2 NAME	
STREET ADDRESS	1951 72ND AVE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33702	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Jim Minder	4.2 NAME	
STREET ADDRESS	3227 E 39th St. S.	4.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL 33711	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Silvalca Rust	5.2 NAME	
STREET ADDRESS	1400 DARY DIV #504	5.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL 33702	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Jack Humburg	6.2 NAME	
STREET ADDRESS	839 13th Ave N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL 33701	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 617, 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: _____ DATE: 7/9/99 (727) 577-0865
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)