

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

**FILED**

**May 14 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P29618 (6)**

1. Corporation Name  
**CASTLEBLOCK CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>C/O AKIN.GUMP.STRAUSS.HAMEN &amp; FELD. LLP 300 PARK AVE NEW YORK NY 10022 US</b>	Mailing Address <b>C/O AKIN.GUMP.STRAUSS.HAMEN &amp; FELD. LLP 300 PARK AVE NEW YORK NY 10022 US</b>
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3. Date Incorporated or Qualified <b>06/05/1990</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>13-3259731</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>C/O AKIN, GUMP, STRAUSS, HAUER &amp; FELD, LLP</b> Suite, Apt. #, etc.	2a. Mailing Address 27 <b>590 MADISON AVE.</b> Suite, Apt. #, etc.
22 <b>590 MADISON AVE.</b> City & State	27 <b>590 MADISON AVE.</b> City & State
23 <b>NEW YORK, NY</b> Zip Country	28 <b>NEW YORK, NY</b> Zip Country
24 <b>10022</b> 25 <b>US</b>	29 <b>10022</b> 30 <b>US</b>

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GOODMAN, GARY A.</b>	
STREET ADDRESS	<b>300 PARK AVE</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>GIOIA, JOSEPH A.</b>	
STREET ADDRESS	<b>245 GREEN VILLAGE RD</b>	
CITY-ST-ZIP	<b>CHATHAM TOWNSHIP NJ</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>LEWIS, ROBIN F</b>	
STREET ADDRESS	<b>245 GREEN VILLAGE RD</b>	
CITY-ST-ZIP	<b>CHATHAM TOWNSHIP NJ</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

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GOODMAN, GARY A.</b>	
1.3 STREET ADDRESS	<b>590 MADISON AVE.</b>	
1.4 CITY-ST-ZIP	<b>NEW YORK, NY 10022</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Gary A. Goodman* **GARY A. GOODMAN** *4/14/98* (212) 872-1000

CR2E034 (10/97)