

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000018326 (6)

1. Corporation Name

CASTLE COMPUTING, INC.



Principal Place of Business

Mailing Address

5041-H SOCIETY PL. EAST  
WEST PALM BEACH FL 33415

5041-H SOCIETY PL. EAST  
WEST PALM BEACH FL 33415

2. Principal Place of Business

2a. Mailing Address

21 4632 KELLY DRNE

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 REAR UNIT

City & State

City & State

23 WEST PALM BEACH, FLORIDA

Zip

Country

Zip

Country

24 33415

25 PALM BEACH

29

30

3. Date Incorporated or Qualified

03/09/1994

3a. Date of Last Report

08/24/1995

4. FEI Number

65-0473817

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELLMAN, BRAD A  
5041-H SOCIETY PL. EAST  
WEST PALM BEACH FL 33415

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 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME WELLMAN, BRAD A  
STREET ADDRESS 5041-H SOCIETY PL. EAST  
CITY-ST-ZIP WEST PALM BEACH FL 33415

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME PENNINGTON, MICHAEL D  
STREET ADDRESS 5041-H SOCIETY PL. EAST  
CITY-ST-ZIP WEST PALM BEACH FL 33415

2.1 TITLE D  Change  Addition  
2.2 NAME PENNINGTON, MICHAEL D.  
2.3 STREET ADDRESS 18 CROSSING CIR. APT. F  
2.4 CITY-ST-ZIP BOYNTON BEACH, FL. 33435

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*Brad Wellman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-96

Date

407-965-4300

Telephone #

CR2E034 (3/96)