

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000001300 (9)**

1. Corporation Name:  
**CASTLEROCK MORTGAGE CORPORATION**



Principal Place of Business: **2277 LEE ROAD SUITE 200 EAST WINTER PARK FL 32789**  
Mailing Address: **2277 LEE ROAD SUITE 200 EAST WINTER PARK FL 32789**

21	2. Principal Place of Business	2a	Mailing Address
22	State, Apt. #, etc.	26	State, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country

3	Date Incorporated or Qualified	3a	Date of Last Report
	01/04/1995		
4	FEL Number	Applied For	
	59-3286105	Not Applicable	
5	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**DYE, RICHARD A  
2277 LEE ROAD SUITE 200 EAST  
WINTER PARK FL 32789**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<input type="checkbox"/> DELETE	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.4 CITY, ST, ZIP	<input type="checkbox"/> DELETE	1.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<input checked="" type="checkbox"/> DELETE	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.4 CITY, ST, ZIP	<input checked="" type="checkbox"/> DELETE	2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<input type="checkbox"/> DELETE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.4 CITY, ST, ZIP	<input type="checkbox"/> DELETE	3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<input type="checkbox"/> DELETE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.4 CITY, ST, ZIP	<input type="checkbox"/> DELETE	4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<input type="checkbox"/> DELETE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.4 CITY, ST, ZIP	<input type="checkbox"/> DELETE	5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<input type="checkbox"/> DELETE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.4 CITY, ST, ZIP	<input type="checkbox"/> DELETE	6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**DVP  
BRAD C. KAYGIER  
2277 LEE RD SUITE 200 EAST  
WINTER PARK FL 32789**

14. I, the undersigned, 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 registered 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 changes to or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)