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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000037391 (6)

CASTLE GROUP, INC.

CITY-ST-ZIP

Principal Plac 4441 S.W. 34T FT. LAUDERDA	TH DRIVE	Mailing Address 4441 S.W. 34TH DRIVE FT. LAUDERDALE FL 33312-5513		
				3. Date Incorporated or Qualified 3a. Date of Last Report 05/11/1995 05/01/1996
	Place of Business	2a. Mailing Address		4. FET Number Applied For
Suite, Apt.	# oto	[26]		65-0605141 Not Applicable
22]	#, 0 (0.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	B. This corporation has liability for intangible tax under s. 199 032,
24	25	29	30	Florida Statutes 🔀 Yes 🗌 No
	9. Name and Address of Currer	N Registered Agent		10. Name and Address of New Registered Agent
444 FT.	STLE, MARSHA E 1 S.W. 34TH DRIVE LAUDERDALE FL 33312		83 84 City	ret Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of register your	Castle	vas authorized by the confidence of the confiden	ted corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of the corporation's board of the corporation of the corpora
TITLE	D	DELETE	1.1 TALE	Change Addition
NAME	CASTLE, MARSHA E		1.2 NAME	
STREET ADDRESS	4441 S.W. 34TH DRIVE		1.3 STREET ADDRES	ss
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		1.4 CITY - ST - ZIP	
TITLE	D	DELL TE	2.1 THE	Change Addition
NAME	CASTLE, BENJAMIN J		2.2 NAME	
STREET ADDRESS	4441 S.W. 34TH DRIVE		2.3 STREET ADDRES	SS .
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		2. 4 CITY - \$1 - 7(P	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME	•		3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRES	55
CITY-ST-ZIP		D OF STE	34 CITY-ST-ZIP	
TITLE		L DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADORESS			4.3 STREET ADDRES	98
CITY-ST-ZIP		Прил	4.4 CITY-ST-7IP	
TITLE		☐ DELETE	5 1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRES	SS
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP	The same of the sa
TITLE		[_] DUTEJE	6.1 TITLE	☐ Change ☐ Addition
NAME .			6.2 NAME	

14. I do 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 logal 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.

6.4 CHY - \$1 - 7IP