

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000019681 (1)**

1. Corporation Name
CASTOR BEHAVIORAL CONSULTING, INC.



Principal Place of Business 876 NW 110TH AVENUE PLANTATION FL 33324	Mailing Address 876 NW 110TH AVENUE PLANTATION FL 33324-7345
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2. Principal Place of Business 21 110 Yacht Club Way Suite, Apt. #, etc. # 304 City & State 23 West Palm Bch, FL Zip 24 33462 Country 25 Palm Bch		2a. Mailing Address 26 110 Yacht Club Way Suite, Apt. #, etc. # 304 City & State 28 West Palm Bch, FL Zip 29 33462 Country 30 FL		3. Date Incorporated or Qualified 03/04/1996	3a. Date of Last Report NA
		4. FEI Number 65-0687854		Applied For 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 CASTOR, FRANK S II 876 NW 110TH AVENUE PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name (Address change only) 82 Street Address (P.O. Box Number is Not Acceptable) 110 Yacht Club Way 83 # 304 84 City West Palm Bch FL 85 Zip Code 33462	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Address Change <input type="checkbox"/> Addition	
NAME CASTOR, MARGUERITE W		1.2 NAME	
STREET ADDRESS 876 NW 110TH AVENUE		1.3 STREET ADDRESS 110 Yacht Club Way, #304	
CITY-ST-ZIP PLANTATION FL 33324		1.4 CITY-ST-ZIP West Palm Bch, FL 33462	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE Address Change <input type="checkbox"/> Addition	
NAME CASTOR, FRANK S II		2.2 NAME	
STREET ADDRESS 876 NW 110TH AVENUE		2.3 STREET ADDRESS 110 Yacht Club Way, #304	
CITY-ST-ZIP PLANTATION FL 33324		2.4 CITY-ST-ZIP West Palm Bch, FL 33462	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: Marguerite W. Castor 4/5/97 (561)540-3838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)