

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

FILED

Apr 17 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 # P96000043947 (6)

1. Corporation Name
CASTLE BAY, INC.



Principal Place of Business 16407 NW 8TH AVE MIAMI FL 33169	Mailing Address 16407 NW 8TH AVE MIAMI FL 33169-5812
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3. Date Incorporated or Qualified 06/01/1996	3a. Date of Last Report
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2. Principal Place of Business 21 16560 N.W. 10th Avenue Suite, Apt. #, etc.	2a. Mailing Address 26 16560 N.W. 10th Avenue Suite, Apt. #, etc.
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4. FEI Number 65-0693598	Applied For Not Applicable
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22 City & State 23 Miami, Florida Zip Country 24 33169 25 Dade	27 City & State 28 Miami, Florida Zip Country 29 33169 30 Dade
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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

**COOPER, JAMES F
16407 NW 8TH AVE
MIAMI FL 33169**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	16560 N.W. 10th Avenue
83	
84 City	Miami
85 Zip Code	FL 33169

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 and typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	COOPER, JAMES F	
STREET ADDRESS	16407 NW 8TH AVE	
CITY - ST - ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PANZER, DON E	
STREET ADDRESS	16407 NW 8TH AVE	
CITY - ST - ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cooper, James F.	
1.3 STREET ADDRESS	16560 N.W. 10th Ave.	
1.4 CITY - ST - ZIP	Miami, FL 33169	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Panzer, Don E.	
2.3 STREET ADDRESS	16560 N.W. 10th Ave.	
2.4 CITY - ST - ZIP	Miami, FL 33169	
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 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 as an attachment with an address.

SIGNATURE: *[Signature]* **DON E PANZER** 4/15/97 3054-3848
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)