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Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **P96000082710 (0)** N/C 2/7/97

1. Corporation Name
~~MARQUIS ACQUISITION, INC.~~

CASTLE INSURANCE, INC.



Principal Place of Business: 1112 WESTON ROAD SUITE 121 FORT LAUDERDALE FL 33326
 Mailing Address: 1112 WESTON ROAD SUITE 121 FORT LAUDERDALE FL 33326-1915

3. Date Incorporated or Qualified: 10/08/1996
 3a. Date of Last Report: [blank]
 4. FEI Number: [blank] 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

2. Principal Place of Business: 21 4450 W. Sunrise Blvd. Suite #100 PLANTATION 33313
 2a. Mailing Address: 26 P.O. Box 189013 PLANTATION 33318
 23. City & State: PLANTATION
 28. City & State: PLANTATION
 24. Zip: 33313 Country: [blank]
 29. Zip: 33318 Country: [blank]

9. Name and Address of Current Registered Agent
BLATTNER, DAVID K
 200 EAST BROWARD BOULEVARD
 15TH FLOOR
 FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
 81 Name: **Craig A. Vaughan**
 82 Street Address (P.O. Box Number is Not Acceptable): 4450 W. Sunrise Blvd.
 83 Suite #100
 84 City: PLANTATION FL 85 Zip Code: 33313

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, both of 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]* **CRAIG VAUGHAN** 3-21-97
 Signature typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | |
|-----------------|---------------------------------|
| 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 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|--------------------------|--|
| 1.1 TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | P. James Donnelly | |
| 1.3 STREET ADDRESS | 2544 Eagle Run | |
| 1.4 CITY - ST - ZIP | Weston, FL 33327 | |
| 2.1 TITLE | Vice-President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Gil Sternbach | |
| 2.3 STREET ADDRESS | 4935 Kensington Circle | |
| 2.4 CITY - ST - ZIP | Coral Springs, FL 33076 | |
| 3.1 TITLE | Secretary/Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Craig A. Vaughan | |
| 3.3 STREET ADDRESS | 1110 Weston Rd. #121 | |
| 3.4 CITY - ST - ZIP | Ft. Lauderdale, FL 33326 | |
| 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 | 200002127622 | |
| 5.3 STREET ADDRESS | -03/28/97--01120--040 | |
| 5.4 CITY - ST - ZIP | ***165.00 | |
| 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 on an attachment with an address.

SIGNATURE: *[Signature]* **CRAIG VAUGHAN** 3-21-97 792-6000
 Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)