

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:20

DOCUMENT # **S38089** (6)
1. Corporation Name
CASTLE BUILDING CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Making Address
135 S.E. 5TH AVE - #200 DELRAY BEACH FL 33483

3. Date Incorporated or Qualified **03/15/1991** 3a. Date of Last Report **04/29/1994**
4. FEI Number **65-0275076** 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**
7. This corporation has liability for enterprise fee under § 100.002 Florida Statutes Yes No

2. Principal Place of Business 2a. Making Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. County 25. County 29. County 30. County

9. Name and Address of Current Registered Agent
**HASNER, JAY
135 SE FIFTH AVENUE
SUITE 200
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent
01. Name
02. Street Address (P.O. Box Number is Not Acceptable)
03.
04. City **FL** 05. Zip Code

11. Pursuant to the provisions of Sections 607.0504 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* REGISTERED AGENT SIGNATURE: *[Signature]*

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HASNER, RICHARD
STREET ADDRESS	135 SE 5TH AVE #200
CITY, ST, ZIP	DELRAY BEACH FL
TITLE	VP
NAME	PREISER, RICHARD
STREET ADDRESS	135 SE 5TH AVE #200
CITY, ST, ZIP	DELRAY BEACH FL
TITLE	VP
NAME	HASNER, JAY
STREET ADDRESS	135 SE 5TH AVE #200
CITY, ST, ZIP	DELRAY BEACH FL
TITLE	VPS
NAME	EISENROD, MICHAEL
STREET ADDRESS	135 SE 5TH AVE #200
CITY, ST, ZIP	DELRAY BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, 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. 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]* **3/26/95** *[Signature]* **(407) 278-2117**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER OR DIRECTOR