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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

257351

(7)

THE SOUTHERN DIE CASTING CORP.

FILED Feb 11 1998 8:00am Secretary of State



Delegate at Disc	- of Divisions	14.77			I 100110 11001 \$1111 10000 1118; \$101 1101 \$1911 010	(1 100 1) 010) 0 17	0H [HI] HI]
Principal Place of Business Mailing Address							= = -
minmi (C 00)	142	MIAMI PL 33142			DO NOT WRITE IN THIS	SPACE	
İ					3. Date Incorporated or Qualified		
					03/27/1962		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	A	applied For
21	21 26				59-0951246	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							Additional
22 27					5. Certificate of Status Desired	Fee R	Required
City & Stat	City & State City & State				6. Election Campaign Financing	\$5.00) May Be
23	28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the cu	rrent year In	ntangible
24	25		30		Personal Property Tax due June 30.		□No
ļ <u>.</u>	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered	Agent	
	NNEY, JUDITH		B1	Name			
MONTELLO & KENNEY PA				Street	Address (P.O. Box Number is Not Acceptable)		
701 BRICKELL AVE, STE 1200							
MI/	AMI FL 33131		83				
			84	City		85 Zip	Code
				· ·	Fl	. ` `	
agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obt	ide of Florida. Such change was au igations of, Section 607.0505, Flor	s, the above thorized by ida Statutes	the cor	corporation submits this statement for the purpose operation's board of directors. I hereby accept the ap	of changing i pointment as	its registered s registered
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE:	Registered Age	nt signature	e required when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	PD	₹] OELETE	1.1 TITLE		PSD	K Change	Addition
NAME	QILES, JERRY W		1.2 NAME		HIPPLER, ALLAN F		ĺ
STREET ADDRESS	3560 NW 59 ST		1.3 STREET	ADDRESS	3560 NW 59 ST		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S1	- ZIP	MIAMI, FL		
TITLE	VSD	☐ DELETE	2.1 TITLE		D	Change	Addition
NAME	HIPPLER, ALLAN F		2.2 NAME		MEYERS, PHILLIP R		
STREET ADDRESS	3560 NW 59 ST		2.3 STREET	ADDRESS	3560 NW 59 ST		
CITY-ST-ZIP	MIAMI FL		2. 4 C(TY - S	T-ZIP	MIAMI, FL		
TITLE	VID	DELETE	3.1 TITLE			Change	☐ Addition
NAME	Zeiler , alfred		3.2 NAME				
STREET ADDRESS	3560 NW 59 ST		3.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4. CITY-S	T - ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME	j			
STREET ADDRESS			4.3 STREET	ADDRESS			}
CITY-ST-ZIP			4.4 CITY-ST	- ZIP			
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				1
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP	_		5.4 CITY - ST	- ZIP			
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME		*,	6.2 NAME				
STREET ADDRESS			6.3 STREET A	ADDRESS			
CITY ST. 7IP			SACITY ST	חול			

14. I 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.

NONATURE.

KICIA ZIII.

7/1/99 120=1/35-1501

CR2E034 (10/97)