SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED Jul 22 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Socretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # 685131 (5) MINIATURE CASTING, INC. Principal Place of Business Mailing Address 6835 NORCOOSSEE 6835 NARCOOSSE RD C/O RICHARD H. MCKENZIE SUITE 21 DO NOT WRITE IN THIS SPACE ORLANDO FL 32822 ORLANDO FL 32822 3. Date Incorporated or Qualified 3a, Date of Last Report 08/15/1980 05/01/1996 2. Principal Place of Business Mailing Address Applied For 21 26 Not Applicable 59-2025 186 Suite, Apl. #, etc. Suito, Apt. #, etc. \$8.75 Additional 5. Cortificate of Status Desired 27 22 Fee Required City & State City & State **\$5.00** May Be 6. Election Campaign Financing П 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible Yes □Ño 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 MEKENZIE, RICHARD H 14044 MARINE DR. Street Address (P.O. Box Number is Not Acceptable) 6835 NARCOOSSEE RD 83 ORLANDO FL 32822 84 City Zip Code 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 laptila with and agreet the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. STPD ☐ DELETE 1.1 TIBLE Change Addition THLE MCKENZIE, RICHARD H NAME 1.2 NAME **6835 NARCOOSSEE RD** STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 HILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST- ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TOLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP DELETE 6 f Title Change Addition TIBLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF

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 is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: