

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

FILED

Jan 14 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 # **F67776** (7)  
1. Corporation Name  
**DIE CAST ASSOCIATES, INC.**



Principal Place of Business <b>7 PATTON DRIVE WEST CALDWELL NJ 07006-6404</b>	Mailing Address <b>7 PATTON DRIVE WEST CALDWELL NJ 07006-6404</b>
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3. Date Incorporated or Qualified <b>02/18/1982</b>	3a. Date of Last Report <b>02/07/1996</b>
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2. Principal Place of Business 21 <b>197 SUMMIT AVE</b> Suite, Apt #, etc.	2a. Mailing Address 26 <b>197 SUMMIT AVE</b> Suite, Apt #, etc.
22 City & State 23 <b>POMPTON LAKES, N.J.</b>	27 City & State 28 <b>POMPTON LAKES, N.J.</b>
24 Zip <b>07442</b> 25 Country <b>U.S.A.</b>	29 Zip <b>07442</b> 30 Country <b>U.S.A.</b>

4. FEI Number <b>23-1552961</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent  
**ROBBINS, JACK  
5280 N OCEAN DRIVE, APT 15A  
SINGER ISLAND FL 33404**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>ROBBINS, JACK</b>
STREET ADDRESS	<b>5280 N OCEAN DR APT 15A</b>
CITY-ST-ZIP	<b>SINGER ISLAND FL 33404</b>
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>VITULANO, ELIZABETH</b>
STREET ADDRESS	<b>7 PATTON DR</b>
CITY-ST-ZIP	<b>WEST CALDWELL NJ 07006</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>BARBARA ROBBINS</b>
2.3 STREET ADDRESS	<b>197 SUMMIT AVE</b>
2.4 CITY-ST-ZIP	<b>POMPTON LAKES, N.J. 07442</b>
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 on an attachment with an address.

SIGNATURE: *Jack Robbins* 1/13/97 201-835-1078  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)