## 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 # F67776

(7)

DIE CAST ASSOCIATES.INC.

FILED Feb 03 1998 8:00am Secretary of State

| 2. Principal Place of Business  28. Mailing Address  4.  21  26  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  And Address of Current Registered Agent  ROBBINS, JACK  5280 N OCEAN DRIVE, APT 15A  SINGER ISLAND FL 33404  11. Pursuant to the provisions of Sections 607,0502 and 607, 1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of I torida. Such change was authorized by the corporation's bragent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature, typed or preliad name or registered agent and the it applicable  (NOTE Registered Agent signature required when   | DO NOT WRITE IN THIS SPACE  Date Incorporated or Qualified  02/18/1982  FEI Number   |
|--|--|
| POMPTON LAKES NJ 07442 US  2. Principal Place of Business 2. Mailing Address 4. 2. Ville, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 3. City & State 4. City & State 5. City & State 2. City & State 2. City & State 3. City & State 4. City & State 5. City & State 5. City & State 5. City & State 5. City & State 6. City & State 7. Country 8. Anne end Address of Current Registered Agent 7. Name end Address of Current Registered Agent 8. Name 8. Name 8. Street Address (P. Street Address (P | Date Incorporated or Qualified  02/18/1982 FEI Number -23-1552061- 59-2/5653/ Not Applied For -23-1552061- 59-2/5653/ Not Appl |
| US  2. Principal Place of Business 28. Mailing Address 26. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 27. City & State 28. City & State 28. Zip 29. Zip 20. Zip 20. Country 21. Zip 22. Country 28. Apt. #, etc. 29. Zip 20. Country 20. Zip 20. Country 21. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's biagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typod or preside frame of registered agent and the rid applicable.  NOTE Registered Agent signature required when the provision of the composition of the compositio | Date Incorporated or Qualified  02/18/1982 FEI Number  -23-1552961 -59-2/5653/  Certificate of Status Desired  Election Campaign Financing Trust Fund Contribution  Fee Required  Financing Trust Fund Contribution  For Personal Property Tax due June 30. Yes  No  Name and Address of New Registered Agent  O. Box Number is Not Acceptable)  FL  85  Zip Code  submits this statement for the purpose of changing its registered   |
| 2. Principal Place of Business 26  | O2/18/1982 FEI Number  -23-1552961- 59-2/5653/ Not Applied For Not Applicable Certificate of Status Desired  |
| 21   | Certificate of Status Desired S8.75 Additional Fee Required  Election Campaign Financing \$5.00 May Be Added to Fees  Trust Fund Contribution Added to Fees  This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  Name and Address of New Registered Agent  O. Box Number is Not Acceptable)  FL 85 Zip Code  submits this statement for the purpose of changing its registered  |
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| City & State  City & State  Zip  Zip  Country  Zip  Country  Zip  Country  8.  28  Zip  Name end Address of Current Registered Agent  ROBBINS, JACK  5280 N OCEAN DRIVE, APT 15A  SINGER ISLAND FL 33404  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's bragent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  ROBBINS, JACK  12.  OFFICERS AND DIRECTORS  13.  A  TITLE  P  DELETE  1.1 THE  NAME  ROBBINS, JACK  | Fee Required  Election Campaign Financing Frust Fund Contribution  This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No  Name and Address of New Registered Agent  O. Box Number is Not Acceptable)  FL 85 Zip Code  submits this statement for the purpose of changing its registered  |
| City & State  28  Zip Country Zip Country B.  24 25 29 30 10.  9. Name and Address of Current Registered Agent 10.  ROBBINS, JACK 81 Name  5280 N OCEAN DRIVE, APT 15A  SINGER ISLAND FL 33404  83  84 City  11. Pursuant to the provisions of Sections 607.050? and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's bagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIgnature, typed or printed name of registered agent and till if applicable (NOTE Registered Agent signature required when 12. OFFICERS AND DIRECTORS 13. A  TITLE P  ROBBINS, JACK 12 NAME   | Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Name and Address of New Registered Agent  O. Box Number is Not Acceptable)  FL 85 Zip Code submits this statement for the purpose of changing its registered   |
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| Zip Country Zip Country Registered Agent Country 8.  25 29 30 10.  ROBBINS, JACK S280 N OCEAN DRIVE, APT 15A SINGER ISLAND FL 33404 82 Street Address (P. SINGER ISLAND FL 33404 83 84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's bagent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed hame of registered agent and till if it applicable (NOTE Registered Agent signature required when 12. OFFICERS AND DIRECTORS 13. A  | This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  Name and Address of New Registered Agent  O. Box Number is Not Acceptable)  FL 85 Zip Code  submits this statement for the purpose of changing its registered   |
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| 5280 N OCEAN DRIVE, APT 15A SINGER ISLAND FL 33404  82 Street Address (P. 83 Registered agent, or both, in the State of Florida. Such change was authorized by the corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's bragent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statules.  SIGNATURE Signature, typed or profiled name of registered agent and titr if applicable (NOTE Registered Agent signature required when 12. OFFICERS AND DIRECTORS 13. A  TITLE P DELETE 1.1 THEF  NAME ROBBINS, JACK   | FL 85 Zip Code submits this statement for the purpose of changing its registered   |
| Singer Island Ft 33404  82 Street Address (P. Singer Island Ft 33404  83   | FL 85 Zip Code submits this statement for the purpose of changing its registered   |
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| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typod or printed name or registered agent and life it applicable.  12. OFFICERS AND DIRECTORS  13. A  TITLE  P  COPPICERS AND DIRECTORS  DELETE  1.1 TITLE  ROBBINS, JACK  1.2 NAME   | pard of directors. Thereby accept the appointment as registered  |
| SIGNATURE Signature, typod or printed hame of registered agent and till it applicable (NOT) Registered Agent signature required when 12.  OFFICERS AND DIRECTORS 13. A THEE P DELETE 1.1 THEE 1.2 NAME 1.2 NAME  |  |
| 12. OFFICERS AND DIRECTORS 13. A TIFLE P DELETE 1.1 THEF  NAME ROBBINS, JACK 12 NAME   |  |
| TITLE P DELETE 1.1 THE NAME ROBBINS, JACK 12 NAME  |  |
| NAME ROBBINS, JACK 12 NAME   | DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |
|  | Change Addition  |
| STREET ADDRESS   5280 N OCEAN DR APT 15A 1.3 STREET ADDRESS  |  |
|  |  |
| CITY-ST-ZIP SINGER ISLAND FL 33404 14 CITY-ST-ZIP  |  |
| TITLE ST DELETE 21 TITLE   | Change Addition  |
| NAME ROBBINS, BARBARA 22 NAME  |  |
| STREET ADDRESS 197 SUMMIT AVE 2.3 STRIFET ADDRESS  |  |
| CITY-ST-ZIP POMPTON LAKES NJ 07442 2.4 CITY-ST-ZIP   |  |
| TITLE DELETE 3.1 HILE  | Change Addition  |
| NAME 32 NAME   |  |
| STREET ADDRESS 3.3 STREET ADDRESS  |  |
| CITY-ST-ZIP 3.4. CITY-ST-ZIP   | Change   Ladding   |
| TITLE L. DELETE 4.1 TITLE  | Change Addition  |
| NAME 4. 2 NAME   |  |
| STREET ADDRESS 4.3 STREET ADDRESS  |  |
| CHY-ST-ZIP         4.4 CHY-ST-ZIP           THILE         DELETE         5.1 THLE  | Change Addition  |
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|  | La viange La riverion  |
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| STREET ADDRESS 6.3 STREET ADDRESS  |  |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section   |  |
| indicated on this annual report or supplemental annual report is true and accurate and that my signature shall officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address.   | 119.07(3)(i). Florida Statutes. I further certify that the information   |