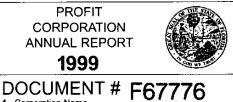
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90171 040 ***150.00

DIE CAST ASSOCIATES,INC.						
Principal Place	e of Business	Mailing Address				- I 1981 38 titis Bitti (881) 1881 (881) Bitt Bigti
197 SUMMIT AVE POMPTON LAKES NJ 07442 POMPTON LAKES NJ 07442						•
POMPTON LAKES NJ 07442 POMPTON LAKES NJ 07442						DO NOT WRITE IN THIS SPACE
US		US				100
						3. Date Incorporated or Qualifed 02/18/1982
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
-	lace of business	— ·				59-2156531 Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			-	\$8.75 Additional
27						5. Certificate of Status Desired
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current year Intangible
24	25	29 3	0			Personal Property Tax.
•	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent
ROBBINS, JACK			81	Name	JACK ROBBINS	
5280 N OCEAN DRIVE, APT 15A			[1	82	Street Addre	iss (P.O. Box Number is Not Acceptable) 80 N. OCEAN DRIVE APT 16 F
SINGER ISLAND FL 33404		Ī	B3	.5	INGER ISLAND	
			ļ	B4	City SI	NGER ISLAND FL 85 Zip Code 33464
44. December the provision of Casting SOZ 0502 and 50Z 1509. Slovide Statutes the above pamed corporation submits this statement for the purpose of changing its registered						
office or r	egistered agent, or both, in the State of medical familiar with, and accept the obligat	of Florida. Such change was auti	nonzea i	זו עס	he corporation	n's board of directors. I hereby accept the appointment as registered
	In lamiliar with, and accept the congar	Why Now I	TOU	Į.	& BBIN	15 3/15/99
SIGNATURÉ	Signature, typed or printed name of registered agen				signature required	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р	☐ DELETE	1.1 TITL	E.		Change ☐ Addition
NAME	ROBBINS, JACK		1.2 NAM	Æ		
STREET ADDRESS	5280 N OCEAN DR APT 15A		1.3 STR	EETA	ADDRESS	•
CITY-ST-ZIP	SINGER ISLAND FL 33404		1.4 CIT	/-ST-	.ZIP	
TITLE	ST	☐ DELETE	2.1 TITL	E.		☐ Change ☐ Addition
NAME	ROBBINS, BARBARA		2.2 NAM	Æ		
STREET ADDRESS	197 SUMMIT AVE		2.3 STR	EET A	ADDRESS	and the second of the second o
CITY-ST-ZIP	POMPTON LAKES NJ 07442		2. 4 CIT		-ZIP	
TITLE		☐ DELETE	3.1 TITL	E		☐ Change ☐ Addition
NAME			3.2 NAM	Æ	İ	
STREET ADDRESS			3.3 STR	EETA	ADDRESS	
CITY-ST-ZIP			3.4. CIT		-ZIP	
TITLE		☐ DELETE	4.1 TITL			Change Addition
NAME			4. 2 NA			
STREET ADDRESS			4.3 STR	EETA	ADDRESS	
CITY-ST-ZIP			4.4 CITY		ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITL 5.2 N/A		1	☐ Change ☐ Addition
NAME			5.2 NAA		ADDRESS	
STREET ADDRESS			1		ADDRESS	
CITY-ST-ZIP		□ DELETE	5.4 CITY 6.1 TITU		- 2117	☐ Change ☐ Addition
TITLE		☐ DELETE	6.2 NAA			□ Overige □ Audibut
NAME					ADDRESS	
STREET ADDRESS			0.3 S1N	ICE I A	ADDRESS	

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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

973.835-1678